CASEWORK TREATMENT PROCEDURES AS A FUNCTION OF CLIENT-DIAGNOSTIC VARIABLES

A study of their relationship in the casework interview.

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ABSTRACT

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OF CLIENT-DIAGNOSTIC VARIABLES

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The study is an exploratory examination of the relationship between the psychosocial diagnostic evaluation and the treatment procedures used by the caseworker in the interview. The psychosocial diagnosis has been defined by twenty-four selected variables assumed to be relevant indicators of the diagnostic process. The treatment procedures have been defined by the Hollis' typology of casework treatment.

The variation in the use of the treatment procedures is also examined in relation to three intervening variables: (1) treatment phase; (2) casework method (supportive vs. modifying); and, (3) caseworker.

The study is based upon a secondary analysis of data originally collected for the Casework Methods Project, Center for Social Casework Research, Community Service Society of New York. The clients studied are a well defined group. The sample represents motivated, lower-middle class, Negro and White clients of slightly above average general intelligence living in intact families and seeking assistance from a private family agency for difficulties in marital and/or parent-child relationships. The sample tends to represent clients who continue in service

through at least the ninth assigned service interview. These are clients who have agreed tc partake in a research project and to have their interviews tape recorded.

The study has examined eighty-seven tape recorded interviews drawn from thirty-five clients representing twenty-two families. Individual clients are represented by a range of from one to three interviews drawn from a maximum of three phases of treatment. The interviews are representative of assigned service client interview one through fourteen and assigned service case interview one through thirty-nine.

The caseworkers treating the clients assessed the clients' status and functioning on the selected diagnostic variables. The treatment procedures used by that same caseworker with each client were determined through the content analysis of tape recorded interviews with the clients. Each worker statement (clause) was classified as one of eleven possible treatment procedures. The proportionate use of each procedure was computed for each interview. Differences in proportions were examined in relation to the independent variables.

Variation in the use of the treatment procedures in relation to the independent variables of treatment phase, casework method, and caseworker were examined through a series of multivariate analyses of variance tests. The associations between the twenty-four diagnostic variables and the eleven procedures were assessed through a correlational analysis. In addition the twenty-four diagnostic variables were factor analyzed. Three hypothetical components were identified. Factor

scores were computed for each client on each of the three components and correlated with the treatment procedures used with the clients. Non-parametric techniques were used for supplementary analysis.

The general hypothesis that the procedures are associated with the diagnostic variables is partially confirmed for nine of the eleven procedures in the sense that a larger number of significant correlations occur than attributable to chance. However, the amount of variation explained by the diagnostic indicators is generally rather small. The degree of the associations are from weak to moderate. The theoretically expected associations tend to occur although to an extent less than anticipated.

The largest amount of variation in the use of the treatment procedures was explained by differences among caseworkers. Differences among treatment phases explained a significant amount of the variation in one of the procedures. The writer anticipates that control for caseworker and phase would increase the diagnostic-treatment associations.

In addition to the testing of the study hypotheses the study describes the treatment process in this sample of eighty-seven tape recorded interviews.

ACKNOWLEDGMENTS

The development and completion of this study could not have occurred without the consultation, assistance, and support of numerous individuals. In particular the writer is indebted to Professors David Fanshel and Kenneth Warwick, the project advisors, for their frequent contributions. Professor Florence Hollis deserves special acknowledgment. Her assistance during the early stages of the study was essential and motivating.

The author would also like to express his appreciation to the professional and secretarial staffs of the Center for Social Casework Research of the Community Service Society. The Center Director, Dr. William J. Reid, has contributed substantially to the completion of this study through his support, encouragement and intelligent criticisms.

Special acknowledgment is made to Vivian Wohl for her extraordinary perseverance and skill in typing this volume. Finally, the author must express his deep appreciation to his family and friends for their support and tolerance throughout the conduct of this study.

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I. THE STUDY PROBLEM AND ITS RELATIONSHIP TO PRACTICE THEORY

Diagnostic casework theory is based upon the principle that treatment evolves logically from the diagnostic process.[1] As stated by Lutz, "The exact nature of a course of strategic intervention is deduced logically from the diagnostic formulation."[2] Theory indicates that the treatment procedures employed by the caseworker in the interview situation are influenced by the variables considered to be a part of the diagnostic process. On a more specific level Lutz writes: "Treatment should be goal-directed. The techniques should be dynamically and logically consistent with the dynamics of the diagnostic formulation and with the conceptual formulation of the goal."[3] The major study problem is an examination of the nature of the relationship between the caseworker's assessment of the client on a number of diagnostic variables and the treatment procedures used by that same caseworker with the client. A major objective of this exploratory analysis is a description

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[1]Gordon Hamilton, Theory and Practice of Social Casework (2d rev. ed.; New York: Columbia University Press, 1951), pp. 213-270; Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964), pp. 167-245.

[2]Werner Lutz, Concepts and Principles Underlying Social Casework Practice, Social Work Practice in Medical Care and Rehabilitation Settings, No. III (Washington, D.C.: National Association of Social Workers, 1956), p. 66.

[3]Ibid., p. 89.

of the associations found in this sample of cases between the diagnostic indicators and treatment procedures. As a result of this analysis, various hypotheses will be suggested that could be tested in a more highly refined manner in subsequent studies.

It is recognized that the casework interview is a complex situation and that both client and worker behavior is multi-dimensional, and multi-determined. The focus is limited to a single dimension of this transaction: the treatment procedures employed by the caseworker and a single correlate of those procedures, the diagnostic variables. It is not assumed that any one or even all of the diagnostic variables fully determine the use of any particular treatment procedure and no hypothesis is made to the effect that all, or even a large amount of the variation found in the use of treatment procedures results from or is associated with the variables examined. However, since the variables selected are among those cited throughout the literature as being influential in determining treatment, it is hypothesized that a significant relationship will exist between these diagnostic indicators and the procedures used. Several previous studies and theoretical discussions have identified other variables that were considered to be significantly associated with the workers' use of procedures such as cultural variables,[1]

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[1]Francis J. Turner, "A Comparison of Procedures in the Treatment of Clients with Two Different Value Orientations," Social Casework, XLV, No. 5 (1964), pp. 237-277; Idem., "Social Work Treatment and Value Differences" (unpublished DSW dissertation, New York School of Social Work, Columbia University, 1963).

worker variables,[1] agency characteristics,[2] phase differences,[3] etc. Not discounting the impact of these and the numerous other variables not mentioned upon the employment of treatment procedures, the hypothesis that there remains a significant association between the diagnostic variables specified and the treatment procedures as defined is tested. An evaluation of the assumption that treatment procedures used by the caseworker are not determined exclusively by individual worker-situation factors but rather are influenced to a significant degree by theory will be made. As Hollis has recently written when concluding her discussion of the caseworker's choice of treatment procedures,

> The nature of the blend [of treatment procedures] is not a matter of individual worker artistry or intuition, important though these may be. On the contrary, choice and emphasis follow definite principles and rest upon most careful evaluation of the nature of the client's problem, external and internal causative factors and their modifiability, the client's motivation and pertinent aspects of his personality.[4]

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[1]William J. Reid, "Client and Practitioner Variables Affecting Treatment," Social Casework, XLV, No. 10(1964), pp. 586-592; William J. Reid, "A Study of Caseworker's Use of Insight-Oriented Techniques," Ibid., XLVIII, No. 1(1967), pp. 3-9; Hans H. Strupp, "The Therapist's Contribution to the Treatment Process: Beginnings and Vagaries of a Research Program," Research in Psychotherapy, ed. by Hans H. Strupp and Lester Luborsky (2 vols.; Baltimore: French-Bray Printing Co., 1962), II, pp. 24-40; Donald M. Sunderland and Edwin Barker, "The Orientations of Psychotherapists," Journal of Consulting Psychology, XXVI (June, 1962).

[2]Helen Harris Perlman, Social Casework: A Problem Solving Process (Chicago: The University of Chicago Press, 1957), pp. 40-52.

[3]Family Service Association of America, Method and Process in Social Casework, A Report of a Staff Committee of the Community Service Society of New York (New York: Family Service Association of America, 1958), pp. 9, 13; Gordon Hamilton, Theory and Practice of Social Casework (2d rev. ed.; New York: Columbia University Press, 1951), pp. 213-223; Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964), p. 223; Helen Harris Perlman, "Intake and Some Role Considerations," Social Casework, XLI (December, 1960), pp. 171-177.

[4]Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964), p. 243.

This view is somewhat at variance with that stated by Perlman when she suggests that, "Which are best [techniques] often salts down to a judgement by a particular person for whom a particular technique feels most right or for whom it has worked."[1]

This analysis cannot be considered exact nor highly refined, but is viewed as a gross assessment of the associations and is considered appropriate in view of the relative lack of empirical research on this subject. The study has elements of both the formulative-exploratory and the diagnostic-descriptive designs.[2] As Kahn writes concerning the exploratory study:

> Here, the objective is the identification of sound questions, promising concepts, and preliminary hypotheses in a field which as yet has had limited development and, therefore, is not prepared for elaborate experimental designs to test complex, abstract hypotheses. . . . the formulative study is oriented to theory development.[3]

In this sense the dissertation study which has as an objective the development of more highly refined hypotheses is certainly "formulative" or "exploratory." It is also "diagnostic-descriptive." Kahn writes concerning the "diagnostic" or "descriptive" study: "The objective is a descriptive view, which may be qualitative, quantitive . . . or both . . . of a situation, agency, program, or client group."[4] In addition to development of hypotheses for further study the dissertation assumes

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[1] Perlman, A Problem Solving Process, op. cit., p. 158.

[2] Alfred Kahn, "The Design of Research," Social Work Research, ed. by Norman Polansky (Chicago: The University of Chicago Press, 1960), pp. 51-54.

[3] Ibid., p. 51.

[4] Ibid., p. 53.

that there is value in a descriptive analysis of the relationships considered as well as a description of the profiles of treatment procedures, and research methods.

The Study Problem

The study is an exploratory examination of the relationship between the caseworkers' assessment of thirty-five clients on twenty-eight variables and the treatment procedures used by the same caseworker with those clients in eighty-seven casework interviews. The selected client variables are assumed to be relevant indicators of elements of the psychosocial diagnostic evaluation and among those client qualities generally assumed to be influential in determining treatment.

The dissertation is based upon a secondary analysis[1] of tape-recorded casework interviews and casework intake schedules originally gathered for the Casework Methods Project of the Community Service Society.[2] Several previous studies in casework have examined the relationship between client or worker variables and the treatment procedures employed by the caseworker. Unlike Turner's analysis, which used the caseworkers' written process recordings of the interview as the source of data for coding of the treatment procedures, or Reid's

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[1]The term "secondary analysis" is used to signify the use of data gathered for one purpose (Casework Methods Project) and used for another problem (dissertation). A detailed discussion of this is found in: Robert K. Merton and Paul Lasarsfeld (Eds.), Continuities in Social Research (Glencoe, Ill.: Free Press, 1950), pp. 133-143 and pp. 197-211.

[2]The Casework Methods Project is referred to throughout the study by its initials, "CMP." For a discussion see: Ann W. Shyne, "An Experimental Study of Casework Methods," Social Casework, XLVI, No. 9(1965), pp. 535-541.

analysis which made use of the treatment analogue model the present study examines the live casework interview through electrical tape recordings.[1]

The source of data for the major independent variables, the caseworkers' assessments on the client characteristics, is a schedule completed by the client's caseworker following intake and immediately prior to assignment of the case to service.[2] This schedule was designed for the CMP to record the caseworkers' assessment of case characteristics considered relevant to treatment planning. The items represent an operational approximation of the psychosocial diagnosis as traditionally developed following intake.[3] A schedule was completed by the

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[1]William J. Reid, "An Experimental Study of Methods Used In Casework Treatment," (unpublished DSW dissertation, New York School of Social Work, Columbia University, 1963); William J. Reid, "A Study of Caseworker's Use of Insight-Oriented Techniques," Ibid., XLVIII, No. 1 (1967), pp. 3-9; William J. Reid, "Client and Practitioner Variables Affecting Treatment," Social Casework, XLV, No. 10 (1964), pp. 586-592; Francis J. Turner, "A Comparison of Procedures in the Treatment of Clients with Two Different Value Orientations," Social Casework, XLV, No. 5(1964), pp. 237-277; Francis J. Turner, "Social Work Treatment and Value Differences," op. cit.

[2]Intake consisted of from one to three client interviews. Intake interviews were concerned with case study and evaluation of eligibility for the project. "Assigned service" is the term used to signify ongoing treatment.

[3]For a related operational statement of the psychosocial diagnosis see: Lillian Ripple, Ernestina Alexander, Bernice W. Polemis, Motivation, Capacity and Opportunity: Studies in Casework Theory and Practice, Social Service Monographs, Second Series, The School of Social Service Administration, The University of Chicago (Chicago: The University of Chicago Press, 1964). The nature and content of diagnosis has been discussed in the following sources: Eleanor E. Cockerill, et al., A Conceptual Framework for Social Casework (Mimeographed, University of Pittsburgh, 1953); Gordon Hamilton, "The Diagnostic Process in Social Casework," Hospital Social Service, XX (1929), p. 301; Gordon Hamilton, Theory and Practice of Social Casework, 2d ed. (New York: Columbia University Press, 1951); Gordon Hamilton, "The Underlying Philosophy of Social Casework," Principles and Techniques in

caseworkers for every case included in the CMP.[1] The caseworker completing the CMP-II was also the assigned service worker.

Using the completed CMP-II data, twenty-eight client-characteristic items have been developed, the majority of which were used exactly as stated in the CMP-II. Several of the client variables are consolidations of CMP-II items. The selected client variables can be grouped as follows:

1. Client's individual social functioning.
2. Client's individual psychological functioning.
3. Functioning of the client's family.
4. Client's environmental situation as related to the problem.
5. Client's problem situation.
6. Client's goals and motivation towards goals in relation to treatment.
7. Client's attitude toward casework service and the caseworker.

Twenty-eight indicators of these seven general areas have been selected or developed from the CMP-II. It is the associations between these indicators and the operationalized treatment procedures that are examined in the study.[2]

Social Casework, ed. by Cora Kasius (New York: Family Service Association of America, 1950); Hollis, A Psychosocial Therapy, op. cit.; idem., "Personality Diagnosis in Casework," Ego Psychology and Dynamic Casework, ed. by Howard J. Parad (New York: Family Service Association of America, 1958); Louis J. Lehrman, "The Logic of Diagnosis," Social Casework, XXXV, No. 5(1954), p. 192; Mary E. Richmond, Social Diagnosis (New York: Russell Sage Foundation, 1917).

[1] In the CMP this schedule is the "Casework Intake Schedule" or "CMP-II." The schedule will be referred to subsequently as the CMP-II.

[2] The CMP-II and instructions for its use are included in Appendix I. Definitions for the client variables, infra, pp. 41-52.

The source of data for the dependent variables, the treatment procedures used by the caseworker in the interview, has been eighty-seven tape-recorded casework interviews available for secondary analysis through the CMP. A large sample of the casework interviews conducted during the course of the CMP were tape-recorded. Of that sample, clients and interviews meeting dissertation design criteria were analyzed.

The treatment procedures have been conceptualized and operationalized using the classification developed recently by Florence Hollis.[1] The eighty-seven taped interviews have been content-analyzed and the worker statements have been classified according to the Hollis' typology.[2] While the typology permits classification along five dimensions, only aspects of four of the dimensions were considered to be relevant. Also, since the coding rules and procedures developed by Hollis are specifically for use with written data, the coding procedures were adapted for direct use with taped interviews. Based upon direct audio exposure and a method of content analysis, each caseworker statement has been categorized according to the typology. The unit of classification has been the independent clause. Profiles of each of the interviews have been developed based upon the proportionate use of

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[1] Hollis, A Psychosocial Therapy, op. cit., pp. 50-130; idem, "Explorations in the Development of A Typology of Casework Treatment," Social Casework, XLVII, No. 6(1967), pp. 335-341; idem, "The Coding and Application of a Typology of Casework Treatment," Social Casework, XLVIII, No. 8(1967), pp. 489-497.

[2] B. Berelson, Content Analysis in Communication Research (New York: Free Press, 1952); idem, "Content Analysis," Handbook of Social Psychology, Gardener Lindzey (Ed.) (Cambridge, Mass.: Addison-Wesley, 1954), I, chap. 13.

each of the categories during that interview.[1]

The associations between the client variables and the variations in the proportionate use of each of the treatment procedures is assessed. It is the caseworker's assessment of each client and that same caseworker's treatment procedures that are examined. The associations, as examined, are, therefore, internal. The external validity of the caseworkers' assessments on the CMP-II is not considered.

Subsidiary Study Problems

In addition to the major study focus, differences in the proportionate use of the various treatment procedures are assessed:

1. Among the six caseworkers in the study.
2. During three phases of treatment.
3. Between two methods of casework: (a) The modifying method; (b) The supportive method.

The variables of caseworker and treatment phase are self-explanatory and will be described and defined in another chapter.[2] However, the variable of method of casework will be explained immediately. Following intake, all cases included in the CMP were randomly assigned to either the modifying method or the supportive method of treatment. The caseworkers were instructed to use these methods as assigned.[3]

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[1]For a discussion of the nature of the Hollis' typology: infra, pp. 23-38. Those dimensions and elements of the typology as used in the dissertation are discussed, infra, pp. 35-38. Coding methodology is discussed, infra, pp. 63-64. Appendix II contains coding rules and procedures, and sample code sheets (all adapted for use with tape recordings).

[2]Infra, pp. 55-59.

[3]Ann Shyne, op. cit.

Basically the methods are defined by their objectives: (1) The modifying method has as a treatment goal the modification of the client's ego mechanism of defense; (2) The supportive method has as its objective support of the ego's mechanisms of defense. Theoretically, specific groupings of treatment techniques are associated with each of the methods.[1] The particular theoretical base from which these methods were originally developed specifies that their use or non-use was to be determined by the caseworker's diagnostic evaluation.[2] If the random assignment of cases to methods is to be effective the project caseworkers must, therefore, function at variance with their diagnostic inclinations. The effectiveness of such assignment in determining the caseworkers' treatment procedures is, hence, questionable. The differential use of the treatment procedures is, therefore, examined in relation to method assignment.[3]

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[1] Family Service Association of America, Method and Process, op. cit., pp. 16-22.

[2] Ibid., p. 14.

[3] For differences in the use of treatment procedures related to the caseworker variable see: William J. Reid, "Client and Practitioner Variables Affecting Treatment," Social Casework, XLV, No. 10(1964), pp. 586-592; William J. Reid, "A Study of Caseworker's Use of Insight-Oriented Techniques," Ibid., XLVIII, No. 1(1967), pp. 3-9; Hans H. Strupp, "The Therapist's Contribution to the Treatment Process: Beginnings and Vagaries of a Research Program," Research in Psychotherapy, ed. by Hans H. Strupp and Lester Luborsky (2 vols.; Baltimore: French-Bray Printing Co., 1962), II, pp. 25-40; Donald M. Sunderland and Edwin Barker, "The Orientations of Psychotherapists," Journal of Consulting Psychology, XXVI (June, 1962).

For differences related to the phase variable see: Gordon Hamilton, Theory and Practice In Social Casework (New York: Columbia University Press, 1951), pp. 213-23; Hollis, A Psychosocial Therapy, op. cit., p. 223; Family Service Association of America, Method and Process, op. cit., pp. 9, 13; Helen Harris Perlman, "Intake and Some Role Considerations," Social Casework, XLI (December, 1960), pp. 171-177, passim; idem, A Problem-Solving Process, op. cit., p. 106.

For differences related to casework method assignment see:

In addition to the major and subsidiary study areas discussed thus far, the dissertation is concerned with an empirical description of the casework process as it is practiced in this sample of interviews. A description of the procedures used in practice should further our understanding of the casework process. In addition, the experience gained and findings of this study should contribute to the further refinement of the Hollis' treatment typology and perhaps, in a minor way, contribute to the further development of a diagnostic-treatment typology in social casework.[1]

Family Service Association of America, Method and Process, op. cit., pp. 15-22.

[1]For a discussion of diagnostic and treatment typologies in social work see: Dorothy Fahs Beck, "Research Relevant to Casework Treatment of Children, 1. Current Research and Study Projects," Social Casework, XXXIX, No. 2 (1958), pp. 106-107; Werner W. Boehm, Diagnostic Categories in Social Casework," Social Work Practice: 1962, National Conference on Social Welfare (New York: Family Service Association of America, 1962), pp. 121-133; idem, The Social Casework Method in Social Work Education, A Project Report of the Curriculum Study (New York Council on Social Work Education, 1959) X; Samuel Finestone, "Issues Involved in Developing Diagnostic Classifications for Casework," Casework Papers: 1960, National Conference of Social Work (Family Service Association of America, 1960), pp. 139-154; Ernest Greenwood, "Social Science and Social Work: A theory of their Relationship," Social Service Review, XXIX, No. 1 (1955), pp. 20-33; Gordon Hearn, Theory Building In Social Work (Toronto: The University of Toronto Press, 1959); Alfred J. Kahn, "Sociology and Social Work, Challenge and Invitation," Social Problems, IV, No. 3 (1957), pp. 220-228; Louis Lehrman, "Science, Art, and Social Casework," University of Pittsburgh Graduate School of Social Work (Mimeographed); Lutz, op. cit.

II. THE STUDY SETTING, SAMPLE, VARIABLES, HYPOTHESES, AND METHODOLOGY

The Setting

The study has been conducted at the Center for Social Casework Research of the Community Service Society of New York. The Community Service Society is a non-sectarian, private family agency offering social casework and other social welfare services to the New York City community. The major function of the Center for Social Casework Research is the examination of the social casework method through research procedures.

This setting was selected following consideration of a variety of treatment facilities in the New York metropolitan area.[1] The Center was chosen because relevant data were available, and because it was strongly felt that incomparable opportunities for learning research skills were available.

The selection of the Center as the setting for the study and, more specifically, selection of the Casework Methods Project data resulted in a modification of the study focus and design. It was originally proposed that the major study problem be an examination of one aspect of the psychosocial diagnosis, the clinical diagnosis, and its

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[1]The writer originally reviewed and obtained permission to conduct his study from various facilities including Hillside Hospital, Columbia Presbyterian Hospital, and the New York State Aftercare clinics in New York City.

relationship to the treatment procedures used by the caseworker. Because CMP data were available, the independent variable was expanded to include multiple elements of the psychosocial diagnosis including a gross clinical diagnostic impression. In addition, since a much larger number of tape recorded interviews were readily available for analysis than could have been recorded specifically for the dissertation, the use of the CMP data permitted an enlargement of the sample size. Although the use of data collected for another study and the secondary analysis of that data result in certain limitations, the over-all benefit far outweighs the limitations.

The Sample Design and Specifications

A subsample of the clients who were receiving service in the Casework Methods Project was selected for the dissertation study. Prior to a description of the subsample, a resumé of the Casework Methods Project design and sample is in order.

The CMP Design and Sample

The Casework Methods Project is a four-year experimental study of casework methods and procedures.[1] The purpose of the project is two-fold: First, to compare the relative effectiveness of several different methods and procedures used in rendering casework service to families; and, second, to examine the variations in the content of practice when these different methods and procedures are used. Shyne writes:

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[1]For a more detailed discussion of the "Casework Methods Project" see: Ann W. Shyne, op. cit.

> The primary objective is to determine which of a number of defined patterns of service is the most effective with what kind of case situation in alleviating problems in family functioning and in contributing to the health of family life. . . . The second objective is to learn more about the content of practice.[1]

Applicants to the four Family Service Centers of the agency who met the following criteria were eligible for inclusion in the CMP.

1. The family had not received service from the agency in the past.

2. The family was composed of a couple living together or temporarily separated but interested in reconciliation.

3. The spouses were between the ages of 21 and 50 years of age.

4. The major problems which brought the family to the agency included difficulty in functioning in marital or parent-child relationships.

5. Neither spouse was in such precarious psychological health that casework was contra-indicated.

6. Both marital partners were able to communicate sufficiently well in English to participate in treatment.

7. Both marital partners were willing to participate in casework treatment.

8. The marital partners were willing to participate in the research.[2]

Criteria 2, 3, and 4, were dictated by the desire for homogeniety in a relatively small sample to be studied. Inclusion of non-English speaking clients would have presented insoluble staffing problems.

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[1] Ibid., p. 535.

[2] Ibid., p. 537.

Participation of both marital partners in casework was required by the CMP design. Exclusion of individuals who were judged to be in precarious psychological health was believed necessary since cases would be assigned randomly to the supportive and modifying methods of social casework. (The modifying method was generally considered destructive to individuals with severely damaged egos and potentially disruptive to marital balance if used with the "healthy" spouse of an individual in "precarious" psychological health). The reason for inclusion of the criterion of willingness to participate is self-evident.

During the period of intake to the project, every new applicant to the four CSS Family Service Centers who appeared to meet the criteria of family composition, age, problem, and language, were seen at intake by one of the six caseworkers assigned to the project. As quickly as possible, and not later than the third intake interview, the intake worker eliminated from the study all applicants who failed to qualify. These cases were offered service by the regular CSS casework staff. All qualified families were assigned randomly to one of eight patterns of service, and received service from the project staff until service was completed within the limits established by the study design or until both clients withdrew.

Following intake each project case was assigned randomly within Centers to a service pattern.

Service Pattern Variables

A. Casework Method[1]

1. The supportive method: Assignment of a case to the supportive method restricted the worker to the use of supportive techniques with all family members.
2. The modifying method: Assignment to the modifying method required the worker to attempt consistent use of the technique of clarification with both members of the marital pair.

B. Service Plan

1. Short-term service: Assignment to short-term service restricted service to a maximum of eight in-person client interviews within a period of three months after the completion of intake.
2. Continued service: This assignment permitted an unlimited number of client interviews within a period of not more than eighteen months after completion of intake.

C. Type of Interview

1. Individual-client interviews: In case so assigned the caseworker was to offer service through individual interviews with each spouse. Multiple-client interview would be restricted to situations in which the presence of another person was unavoidable.
2. Combination of individual and multiple-client interviews: In cases so assigned the caseworker would utilize joint interviews with family members in combination with individual client interviews.

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[1]Casework Method and the associated techniques are further defined in the discussion of the study variables, infra, pp. 52-55.

These three dichotomous treatment variables generate eight patterns of service as follows:

1. Supportive method; short-term service; individual interviews.
2. Supportive method; short-term service, combination of individual and joint interviews.
3. Supportive method; continued service; individual interviews.
4. Supportive method; continued service; combination of individual and joint interviews.
5. Modifying method; short-term service; individual interviews.
6. Modifying method; short-term service; combination of individual and joint interviews.
7. Modifying method; continued service; individual interviews.
8. Modifying method; continued service; combination of individual and joint interviews.

One-hundred-and-twenty families were finally included in the CMP sample.[1] Of these 120 families, fifteen were assigned to each of the eight patterns outlined above. Combination of subgroups yield sixty families each assigned to the supportive versus the modifying method, to short-term versus continued service, and to individual versus a combination of individual and joint interviews.

In the CMP data on changes in client and family functioning were obtained principally through research interviews. These were tape-recorded. Data on the content of casework service interviews were

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[1] Due to the difficulty of securing families eligible for the project the number of families included was reduced from 160 to 120.

derived from schedules the caseworkers completed and from tape recordings of service interviews in a sample of cases.

The Dissertation Sample Design and Specifications

The nature of the CMP data had two major effects upon the dissertation study. The CMP design variables on first glance appear to alter the workers' choice of treatment procedures. In the CMP, as mentioned, each case had been randomly assigned to one of the eight patterns of service, as follows:

TABLE 1.--Patterns of Service in the CSS Study

Service Plan	Casework Method				Totals
	Modifying		Supportive		
	Type of Interview		Type of Interview		
	Individual	Ind/Mult.	Individual	Ind/Mult.	
Short-term	15	15	15	15	60
Continued	15	15	15	15	60
Totals	30	30	30	30	120

The impact of these three variables of (1) casework method (modifying and supportive), (2) length of service (short-term and continued), and (3) type of interview (individual and individual plus multiple-client interviews), could be expected to effect the caseworkers' use of treatment procedures.

In view of the identification of these possible sources of variation the design was further modified. Cases assigned in the CMP to

short-term service were not included in the sample. The effect of short-term assignment upon procedures could be expected to be significant. The selection of cases has, therefore, been restricted to those assigned to the continued service pattern.

The treatment typology used in the study has been developed primarily for use with individual-client interviews.[1] Multiple client interviews, therefore, were not selected. Aside from the technical difficulties of coding, treatment procedures used by the caseworker in multiple-client interviews would not be directly comparable to those used in individual-client interviews. Only individual-client interviews were selected from cases assigned to individual plus multiple-client interviews.

The third set of practice variables considered in the CMP, namely, casework method (modifying and supportive) by their very nature could be expected to influence the procedures used by the caseworkers. Essentially, assignment of a case to the modifying treatment method resulted in the unrestricted use of treatment procedures by the caseworker. Assignment of a case to the supportive treatment method, however, resulted in prohibition of the caseworkers' use of the technique of clarification. The effectiveness of such assignment is of considerable interest as a matter of research methodology. For these reasons cases were selected from both the supportive and modifying methods. The effect of method assignment becomes an empirical question. If

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[1]Shirly M. Ehrenkranz, "A Study of Joint Interviewing in the Treatment of Marital Problems: Part I," Social Casework, XLVIII, No. 8 (1967), pp. 498-502.

differences are found between the modifying and supportive method, interpretation of the results will take these differences into consideration.

In summary, the sample is selected from:

1. Cases assigned to both the supportive and modifying casework method.
2. Cases assigned to continued service.
3. Individual-client interviews from cases assigned to either the individual-client interview prescription or the combination individual-multiple-client prescription.

The size of the study sample was limited by the number of cases available through the Casework Methods Project and by the design criteria. Since the source of data concerning the treatment procedures used by the caseworkers was taped service interviews, only cases that were tape recorded could be included. In addition, the criteria of method and service prescription as well as of interview put further limitations on the cases that could be selected. The original design specified an N of thirty cases, fifteen from the modifying and fifteen from the supportive prescriptions. Only one client from each case was to be selected resulting in thirty independent clients. Three interviews were to be coded for each client resulting in ninety interviews representing thirty clients.[1]

Because of the small number of cases that in fact fulfilled all

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[1]Each of the three interviews for each client is selected from one of three defined phases of treatment: infra, pp. 55-58.

of the design criteria several modifications were necessary. It was no longer feasible to treat each case as a single unit. Rather, for cases meeting the criteria both spouses were included in the study if tapes of both spouses were available. Each spouse was treated in data analysis as independent of the other. While this is less than ideal it became necessary in order to increase the sample size. In addition most of the client variables are measures of individual functioning and characteristics so that in terms of the variables studied and the methods of analysis the spouses do appear to be relatively independent of each other.

In addition to this modification in the design clients represented by less than three tape recorded interviews were also included in the sample. As discussed previously specification of the treatment procedures used with each client was to have been based upon the content analysis of three tape recorded interviews with each client. Each of the three interviews was to have been selected from a defined "phase" of treatment ranging from assigned service client interview one through fourteen.[1] As a result differences in the caseworkers' use of treatment procedures could be examined in relation to phases of treatment. In order to enlarge the sample, clients were included in the study who discontinued treatment prior to the third phase. At the time of sample selection all clients who met the design criteria and in addition had completed taped interviews representative of all three treatment phases were included in the study. In addition all open cases who met the

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[1]Exclusive of "intake" interviews.

criteria were selected into the study since they could potentially complete the three treatment phases. Many of the cases in the latter group discontinued treatment prior to completion of the third phase and some prior to the second phase.

As a result of these modifications the sample is defined in terms of clients rather than cases and the number of interviews per client is sometimes less than three.

In addition while the original design specified that an equal number of cases would be selected from each of the methods (modifying and supportive) in order to increase the sample size this criteria was eliminated from the design.

The Study Variables

The Treatment Procedures

The dependent variables examined are the treatment procedures employed by the caseworker in the interview. A variety of conceptualizations and classifications of caseworker activity have been discussed in the literature.[1] The dissertation utilizes the classification of casework treatment procedures developed by Florence Hollis.[2] The

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[1]Lucille N. Austin, "Trends in Differential Treatment in Social Casework," Principles and Techniques in Social Casework, ed. by Kora Kasius (New York: Family Service Association of America, 1950), pp. 324-338; Grete L. Bibring, "Psychiatry and Social Work," Journal of Social Casework, XXVIII (June, 1947), pp. 203-211; Hamilton, Theory and Practice of Social Case Work, op. cit.; Hollis, A Psychosocial Therapy, op. cit.; idem, "Explorations In the Development of a Typology of Casework Treatment," op. cit.; idem, "The Techniques of Casework," Principles and Techniques in Social Casework, op. cit., pp. 412-426; Porter Lee, Social Work as Cause and Function (New York: Columbia University Press, 1937); Family Service Association of America, Scope and Methods of the Family Service Agency, Report of the Committee on Methods and Scope(New York: Family Service Association of America, 1953); Family Service Association of America, Method and Process, op. cit.; Mary E. Richmond, What Is Social Case Work (New York: Russell Sage Foundation, 1921); Virginia P. Robinson, "Analysis of Processes in the Records of Family Case Working Agencies," The Family, II (July, 1921), pp. 101-105; Pearl Salsberry, "Techniques in Case Work," The Family, VIII (July, 1927), p. 153.

For a more extensive discussion and review of treatment procedures in casework refer to the following sources: Jacqueline Betz, et al., "A Study of the Usefulness and Reliability of Dr. Hollis' Treatment Classification Scheme" (unpublished Master's thesis, New York School of Social Work, Columbia University, May, 1961); Peter Fairchild, et al., "Evaluation of Profiles of Treatment Techniques In the Casework Interview: A Study in Research Methodology" (unpublished Master's thesis, Graduate School of Social Work, New York University, May, 1967); Jacqueline Furnari, et al., "Casework Treatment Techniques and Clinical Diagnosis: A Study of Their Relationship in Casework Interview" (unpublished Master's thesis, School of Social Work, Adelphi University, May, 1967); Hollis, A Psychosocial Therapy, op. cit., chaps. III and IV; Francis M. Turner, "Social Work Treatment and Value Differences," op. cit., chap. III.

[2]First published in: Hollis, Casework: A Psychosocial Therapy, op. cit.; also refer to: Hollis, "Explorations In the Development of a

Hollis' typology has been selected for several reasons. This typology is considered by the writer to be a direct outgrowth of diagnostic casework theory and, therefore, lends itself to a study such as this. Secondly, the Hollis' classification is the most highly developed typology of casework treatment procedures available at the present time. Thirdly, this classification has been developed through a combination of practice knowledge and empirical research and is readily adaptable to the purposes of research. It should be noted that the Hollis' typology is in the process of development and is considered to be a "working" classification.

Unlike previous typologies of casework procedures the Hollis' classification has been developed for direct use in empirical analysis of the casework process. Its categories are operationally defined and their reliability has been studied.[1]

Hollis initially presented her classification in published form in 1964.[2] More recently Hollis has undertaken a discussion of her typology and its use in research studies in a series of articles in Social Casework. The first of these articles is primarily concerned with a discussion of the nature of the classification in its present stage of development.[3] This article represents one of the most concise

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Typology of Casework Treatment," op. cit.; Hollis, "The Coding and Application of a Typology of Casework Treatment," op. cit.

[1]Hollis, Development of A Casework Treatment Typology, Final Report, NIMH Grant MH-00513 (Mimeographed, 12/27/66).

[2]Hollis, A Psychosocial Therapy, op. cit.

[3]Hollis, "Explorations In the Development of a Typology of Casework Treatment," op. cit.

and explicit presentations of the typology published to date. In the following discussion the writer draws extensively from that article.

Hollis introduces the typology as follows:

> The classification finally developed rests on the assumption that treatment consists of a blend of relatively few procedures. The extent to which each type of procedure is used varies from interview to interview in the same case in different treatment periods of the same case. It is predicted that there will be gross differences among cases in regard to the blend of procedures used and that such differences are related to such variables as diagnosis, problem, causation, phase of treatment, treatment objectives, and so on. It is not claimed that the classification catches all the important dimensions of treatment but rather that it provides a gross definition of what is going on to which other variables can be attached.
>
> The classification is, in essence, a typology of communications that occur in the casework process. Five dimensions are provided for: (1) the person toward whom a worker directs a communication; (2) the person who is communicating; (3) the means by which a communication is expected to take effect; (4) the subject matter of a communication; and (5) the change context of the communication. Everything that goes on between a worker and a client or collateral can be classified along all five of these dimensions.[1]
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> [Italics mine.]

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[1] Ibid., p. 337.

Classification of Treatment Procedures and of Client Communications in Casework Treatment

March 1966

I. Communications Between Client and Worker

Worker	Client
A. Communications of a sustaining type, Verbal or recorded non-Verbal	
r. Indications of interest, concern, understanding, acceptance, desire to help designed to increase the client's confidence in the worker's interest in helping him, sympathy, understanding or acceptance of him.	
s. Comments of a reassuring nature concerning feelings of guilt, shame or anxiety or related material designed to reduce the client's feelings of guilt, shame or anxiety.	
t. Comments of an encouraging or appreciative nature concerning the client's abilities, qualities or activities designed to increase the client's confidence in himself or change his self-image in the positive direction, "ego bolstering."	
B. Communication directly promoting or discouraging client behavior through the direct expression of worker's opinion or attitudes.	B'. Requests for expression of worker's opinions or attitudes concerning how client should behave.
Subject of Communication	Subject of Communication
2. Concerning client's behavior except in treatment itself.	2'. Concerning client's behavior except in treatment itself.
4. Concerning client behavior in treatment.	4'. Concerning client's behavior in treatment.

B. Continued

Worker

Intensity of Communication

V. Verbal or recorded non-verbal suggestion, or comments gently promoting or discouraging actions.

W. Advice or advocation for or against.

Y. Intervention or coercion for or against.

B.' Continued

Client

C. Communications of an exploratory nature, encouraging exploration of content concerning the nature of the client or of his situation in the present or past or encouraging ventilation concerning such content.

Subject of Communication:

o. Non-specific communication.

1. Concerning descriptive information about people with whom the client is interacting, his environmental situation, or his health.

2. Concerning client's actions (exclusive of those coded 4).

3. Concerning client's behavior other than actions, such as, feelings, opinions, reactions, reports of previous thinking, self-descriptions, etc. (exclusive of those coded 4).

4. Concerning client's behavior as it relates to the worker or the treatment situation or concerning the worker or treatment.

C.' Communications describing, explaining or ventilating content concerning his situation or himself in the present or past.

Subject of Communication:

o.' Non-specific communications.

1.' Concerning descriptive information about other people with whom he is interacting, his environmental situation, or his health.

2.' Concerning his own actions (exclusive of those coded 4).

3.' Concerning his own behavior other than actions, such as feelings, opinions, reactions, reports of previous thinking, self-description, etc. (exclusive of those coded 4).

4.' Concerning his behavior or reactions to the worker or to the treatment situation or concerning the worker or treatment.

Worker	Client
D. Communications designed to contribute to or encourage reflective consideration, awareness or understanding of the nature of the person-situation configuration in the present or past.	D'. Communications of a reflective nature involving consideration, new awareness or understanding of the client's person-situation configuration in present or adult past.
Subject of Communication:	Subject of Communication:
o. Non-specific.	o'. Non-specific.
1. Concerning people with whom the client is interacting, his environmental situation, or his health.	1'. Concerning people with whom he is interacting, his environmental situation or his health.
2. Concerning client's own actions.	2'. Concerning his own actions.
3. Concerning client's behavior other than actions, such as feelings, opinions, attitudes, reactions, self-perception, etc.	3'. Concerning his own behavior other than actions, such as feelings, opinions, reactions, self-perception, etc.
4. Concerning client's behavior as it relates to the worker or treatment situation or concerning the worker or the treatment situation or the nature of treatment.	4'. Concerning his behavior as it relates to the worker or treatment situation or concerning the worker or the nature of treatment.
Type of Change toward which Communication seems to be Directed:	Type of Change toward which Communication may Lead:
a. In the context of an effort to improve client's perception or understanding of other people, his environmental situation, or his health.	a'. In the context of considering his perception or understanding of other people, his environmental situation, or his health.
b. In the context of an effort to improve client's awareness or understanding of the effect of his own behavior on others, on his environment, his situation or health, or on himself. (This is often	b'. In the context of considering the effect of his own behavior on others, on his environment, his situation or health, or on himself. (This is often a component on his making of decisions and in planning of the

D. Continued	D'. Continued
a component in decision making and also in planning for the future when alternatives are being reflected upon in terms of probable outcome.)	future when alternatives are being reflected upon in terms of probable outcome.)
c. In the context of an effort to improve the client's awareness or understanding of the nature of his own behavior.	c'. In the context of considering the nature of his own behavior.
d. In the context of an effort to improve the client's awareness or understanding of inter-personal or other environmental factors which play a causative or provocative role in his behavior or the immediate reasons for his behavior.	d'. In the context of considering the inter-personal or other environmental factors which play a causative or provocative role in his behavior or of the immediate reasons for his behavior.
g. In the context of an effort to improve the client's awareness or understanding from the viewpoint of values or norms.	g'. In the context of considering his behavior from the viewpoint of values or norms.
E. Communications designed to contribute to or encourage reflective consideration, awareness, or understanding of the psychological dynamics of the client's own behavior.	E'. Communications of a reflective nature involving consideration, new awareness or understanding of the psychological dynamics of the client's own behavior.
Subject of Communication:	Subject of Communication:
o. Non-specific.	o'. Non-specific.
2. Concerning client behavior.	2'. Concerning his own behavior.
4. Concerning client behavior toward the worker or treatment situation or concerning the worker or the treatment situation.	4'. Concerning his own behavior toward the worker or treatment situation or concerning the worker or the treatment situation.

Worker	Client
F. Communications encouraging reflective consideration, awareness or understanding of aspects of the client's childhood thought to be significant to his present behavior.	F'. Communications of a reflective nature involving consideration, new awareness, or understanding of the aspects of the client's childhood thought to be of a significance to his present behavior.
Subject of Communication:	Subject of Communication:
o. Non-specific.	o'. Non-specific.
1. Concerning people with whom the client has interacted, his environmental situation or his health.	1'. Concerning people with whom the client has interacted, his environmental situation or his health.
2. Concerning client's actions.	2'. Concerning his own actions.
3. Concerning client's behavior other than actions, such as, feelings, opinions, attitudes, reactions, self-descriptions, etc.	3'. Concerning his own behavior other than actions, such as, feelings, opinions, attitudes, reactions, self-descriptions, etc.
4. Concerning client's behavior as it relates to the worker or treatment situation or concerning the worker or the treatment situation.	4'. Concerning his own behavior as it relates to the worker or treatment situation or concerning the worker or treatment situation.
Type of Change toward which Communication seems to be Directed:	Type of Change toward which Communication may Lead:
a, b, c, d, and g, are the same as in D, except that they involve consideration concerning these subjects in childhood.	a', b', c', d', and g', are the same as in D', except that they involve consideration of those subjects in childhood.
e. In context of an effort to increase client's awareness or understanding of the dynamics of his behavior in his childhood.	e'. In context of his considering the dynamics of his behavior in his childhood.
f. In context of an effort to increase client's awareness or understanding of the effect of his past life on his present behavior.	f'. In context of his considering the effect of his past life on his present behavior.

II. Procedures Used on the Client's Behalf in his Environment

(This part of the classification is still tentative. It has not been tested empirically except in a very general way.)

A. Communications of a sustaining type of the same nature as in I. A. These usually but not necessarily relate to the collateral's dealing with the client.

B. Communications of a directive type of the same nature as in I. B. but used to promote or discourage the behavior of others toward the client.

C. Communications of an exploratory nature of content concerning the client and his situation or concerning the collateral especially as this bears upon his interaction with the client, or encouraging ventilation concerning such content.

D. Communications encouraging reflective consideration of the nature of the client, his situation or his behavior or of the situation or behavior of the collateral as it relates to interaction with the client.

E. and F. Direct parallels to E and F and not likely to occur concerning behavior of the collateral himself. One may, however, sometimes find the worker engaged in E and F type communications concerning the client's behavior.

G. Procedures for mobilizing resources on the client's behalf either in the worker's own agency, in other social agencies, or in the general community.

The first dimension of the system, namely, the person toward whom the worker directs a communication, is dichotomized as illustrated above into: (I) Communications Between Worker and Client; (II) Procedures Used on the Client's Behalf in his Environment. The second dimension, namely, the person who is communicating, is also dichotomized into: (1) worker communications, and (2) client communications.

Hollis writes concerning the third dimension of the typology:

> The third dimension represents the heart of the typology and is defined as "the means by which the treatment step or procedure would normally be expected to produce its effect, as this procedure is viewed in the frame of reference of casework practice." Putting it another way, one can say that the subdivisions of this third dimension represent the major categories (A, B, C, D, E, F) of the classification. These represent the means (or the dynamic) that either the client or the worker appears to be employing or evoking in the treatment. Whether this is consciously or purposefully done by either the client or the worker is inconsequential to the coding. It is also of no significance for the classification whether a judge or coder believes that under the circumstances in which it is employed the given procedure will in fact succeed in evoking the dynamic toward which it is directed. Nor is it pertinent whether it appears actually to have had this effect. That is, the classification is designed to be independent of outcome. With this in mind, although decisions about a clause may be made in the context of larger units, a procedure is not to be judged in terms of its outcome but rather in terms of its inherent nature.[1]

Hollis' last three major categories (D, E, F) differ from the first three (A, B, C) in that they involve processes of reflection capable of enlarging the client's understanding whereas the first three utilize other means. Communications of type A, sustaining procedures, are composed of communications in which the worker expresses his interest in the client, sympathy, desire to help, confidence in the client, acceptance or approval, and other sustaining techniques or gestures.

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[1] Ibid., pp. 339-340.

Communications of type B employ the worker's direct influence in the form of suggestion, advice, advocation, or enforcement of a specific action. Both of these means (A and B) are based upon and derive their influence from the client's "relationship" with the worker.

Concerning category C Hollis writes:

> Communications of type C proved to be a difficult category to settle. This category actually contains two quite different kinds of communication: exploration and explanations that concern primarily factual matters and ventilation that is essentially a matter of feeling or emotion. We tried very hard to separate these two types of communication but found that in actual coding it was impossible, much of the time, to do so. Often we could not tell how much ventilation was occurring as the client described a situation. Some clients are vivid and others "cool." The vigor with which something is described may or may not be a measure of the ventilation the telling provides the client. Certainly, from the worker's side, the same words frequently can be used to evoke either description or ventilation. So, for practical reasons, these two were combined in a single category.[1]

The nature of the major categories D, E, and F are adequately explained in the above outline.

Communications in all of the major categories with the exception of category A can also be classified according to the fourth dimension of the typology, the subject matter about which the speaker is talking. This dimension is composed of four subcategories:

1. Communications concerning other people or the environment.
2. " " the client's actions (except as in 4#).
3. " " client behavior other than actions (except as in 4#).
4. " " the worker, agency, or treatment or client behavior toward the worker, agency, or treatment situation.

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[1] Ibid., p. 340.

The fifth dimension, the change context or objective, permits classification of D, E, and F type communications according to the kind of change in the client's thought or understanding that could be expected to be the outcome of the client's or worker's communication if it were successful. These subcategories are an attempt to examine a communication from the point of view of the immediate purpose they are intended to serve.

The subcategories permit classification of expected change:

a. In the client's perception or understanding of others or any aspect of the external world.

b. In his understanding of his own behavior in terms of its actual or potential outcome.

c. In his awareness of the nature of his own behavior.

d. In his awareness of causative aspects of his own behavior, when these lie in the interactions between himself and others: his awareness of actions of others that serve as provocations to him and his response to these, and his awareness of his reactions when the provocations lie either in factors outside of himself or in his own feeling about these outer matters.

e. In the client's understanding of his own personality patterns, characteristics, and dynamics.

f. In the client's awareness of causative connections between his childhood and his adult behavior.

g. In his evaluation of himself or of some aspect of his behavior in the sense of his self-image or his concepts of right or wrong, principles, values, or prejudices.

The change context categories of a, b, c, d, and g apply to D type communications. In category E all communications are classified in the change context of e. Category F permits subclassification into any of the change context categories; however, F type communications are usually placed in the subcategory f.

In addition to these five major dimensions the A type communications can be further subclassified according to subtypes of sustaining activity. Communications of type B can also be classified along the dimensions of intensity of worker direction.[1]

The complete typology has not been employed in the dissertation study.[2] Rather only the six major categories and the context categories of D were used. In addition only worker-client communications were coded excluding procedures used on the client's behalf in his environment. Only the communications of the caseworker were coded. That dimension of the Hollis' typology permitting classification of client communication was not used. Decisions concerning the dimensions and categories of the Hollis' system to be used were based essentially upon relevance to the dissertation objectives. These choices were made in consultation with Dr. Hollis.

The categories as used in the study are as follows.

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[1]Because of their relative lack of use these dimensions are not further defined.

[2]Refer to Appendix II for a more exact specification of the typology as used in the dissertation.

Major Categories:

Worker

A. Communications of a sustaining type.

B. Communications directly promoting or discouraging client behavior through the direct expression of the worker's opinions or attitudes.

C. Communications of an exploratory nature, encouraging exploration of content concerning the nature of the client or of his situation in the present or past or encouraging ventilation concerning such content.

D. Communications of a type usually employed to contribute to or encourage reflective consideration, awareness, or understanding of the client's person-situation configuration in the present or the adult past.

E. Communications of a type usually employed to contribute to or encourage reflective consideration, awareness, or understanding of the psychological patterns and dynamics of the client's behavior.

F. Communications of a type usually employed to contribute to or encourage reflective consideration, awareness, or understanding of aspects of the client's early life that are thought to be of significance to his present behavior.

Context Subcategories

Worker Communications Directed toward Change:

a. In the client's perception or understanding of others or any aspect of the outside world.

b. In his understanding of his own behavior in terms of its actual or potential outcome.

c. In his awareness of the nature of his own behavior.

d. In his awareness of causative aspects of his own behavior when these lie in the interactions between himself and others: his awareness of actions of others that serve as provocations to him and his responses to these, and his awareness of his reasons for doing something when these reasons lie either in provocations outside himself or in his own feeling about these outer matters.

g. In his evaluation of himself or of some aspect of his behavior in the sense of his self-image or his concepts of right or wrong, principles, values, or preferences.

u. In his awareness or understanding of the treatment situation, or worker-client interaction.[1]

In addition to the major and context categories two additional categories are included in the Hollis' system and were used in the study.

Additional Categories:

cc. Comments of a routine type such as conventional greetings and endings to chat about weather, material concerning appointments and fees, that do not seem to have unusual significance, comments indicating the end of the interview, etc.

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[1]Context category "u" was developed for the dissertation and is not part of the Hollis' typology. When one uses the total Hollis' typology communications may be classified in the major category "D" without "context." Frequently "u" type material is without context in the Hollis' system. Since it seemed of value to specify this type of material subcategory "u" was developed. In the Hollis' system this type of material is usually placed in the "content" category 4#.

U. Comments unable to be coded due to distortion, obscurity, etc.

While the Hollis' system was developed primarily for analysis of written material its adaptation in the dissertation to use with tape recordings has necessitated few changes.[1]

Client Characteristics

The major independent variables considered in the study are termed "client" characteristics. The study assumes that these twenty-eight variables are valid indicators of relevant dimensions of the psychosocial diagnostic evaluation. The psychosocial diagnostic evaluation, as discussed previously, is an extremely complex, multidimensional and interrelated process.[2] Any empirical attempt to measure such a process at this point would undoubtedly be partialistic at best. The twenty-eight client variables are viewed as among those client characteristics frequently considered by the caseworker in the development of the initial diagnostic evaluation. The indicators obviously do not measure all of the relevant dimensions of the process of diagnosis and evaluation; however, they do attempt to measure relevant aspects. This is their value. With these limitations in mind the variables discussed below are to be taken only as indicators of a complex process.

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[1] Use of the Hollis' classification with tape recordings is discussed infra, pp. 63-64. In addition, Appendix II contains a complete outline of a "Coding Guide" for use with tape recordings, coding rules, examples of code sheets, and further definitions.

[2] Supra, p. 6.

The source of data for the measurements of the client variables, as discussed previously, was the casework intake schedule (CMP-II) completed by the workers in the Casework Methods Project. The writer selected relevant variables from that schedule for secondary analysis in the dissertation study. The CMP-II schedule was developed primarily by Dr. Ann Shyne of the Community Service Society to function as a research instrument permitting the CMP caseworkers to record their evaluations of various aspects of the clients' and families' social, physical, and psychological functioning, the clients' problem situation, goals, and attitudes toward casework service. This schedule was to be completed by the clients' caseworker following case intake and prior to assignment to a service pattern. These schedules were also completed by a research interviewer; however, in view of the hypotheses of the dissertation it is the relationship between the caseworker's assessment and that same caseworker's use of treatment procedures that is relevant. The validity of the caseworkers' assessments in reference to these client variables is not relevant to the study question since the predicted associations are internal (within the caseworker).

Many of the items are especially similar to those considered in several previous studies.[1] Also, many of the items and sections on the CMP-II are similar to schedules developed in previous studies by the Institute of Welfare Research of the Community Service Society.

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[1] Ripple, et al., op. cit.

The CMP-II Schedule and Selected Variables

At the completion of intake (one to three sessions) the project caseworker completed the study schedule. Pages one, two, and three of the schedule record social data information. The remainder of the schedule requires that the caseworker either check appropriate items or enter a rating from what is referred to as the "A-Scale."[1] This is an eleven-point scale, on which one is an extremely low or unfavorable rating and eleven a very high or favorable rating, with each of the points in between thought of as approximately equidistant from the next point. The mid-point is six which represents fair, marginal or minimally adequate functioning. Figure 1# illustrates Scale A.

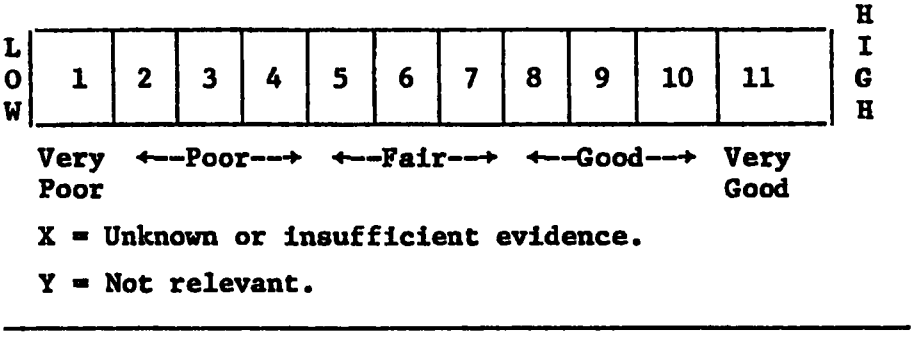

FIGURE 1.--Scale A as Used in the CMP-II

Not all of the items in the CMP-II were included in the study.

[1]This scale has been used throughout the Casework Methods Project schedules. It is similar to the "SCALE OF ADAPTIVE AND ADJUSTIVE STATUS" used in the study of Motivation, Capacity and Opportunity: Studies in Casework Theory and Practice, op. cit., p. 273. A similar scale also was developed in the study, A Study of Components of Movement, Ann Shyne and Leonard S. Kogan (New York: Institute of Welfare Research, Community Service Society, October, 1957), Appendix I-b, p. 11.

Those that were considered of particular relevance to the treatment process only were selected. Several of the items were consolidated into a single index. The following are the client variables considered in the study as measured by the CMP-II or developed from CMP-II items.[1]

1. Socio-Economic Status

The clients' Social Position Score is based upon Hollingshead's Two-Factor Socio-Economic Position Method.[2] Since the Hollingshead method is based upon the education and occupation of the head of the household and results in a single score for a family strict adherence to this method would result in complete dependence on this index between both spouses. In order to achieve some degree of independence (at the sacrifice of validity) the score has been computed for each spouse based upon that individual's education and occupation.[3]

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[1]Refer to Appendix I which contains the CMP-II schedule. Also Appendix IV contains the coding instructions for the study variables. Several of the subcategories of the following client characteristic items were consolidated or modified for coding. The coding instructions list the client variables as coded. Most of the client variables were coded exactly as defined below.

[2]For a discussion of the Hollingshead Two-Factor Socio-Economic Position Method see: John E. Mayer, "The Disclosure of Marital Problems: An Exploratory Study of Lower and Middle Class Wives," New York: Community Service Society, Institute of Welfare Research, 1966 (Mimeographed); Ibid., "Other People's Marital Problems: The 'Knowledgeability' of Lower and Middle Class Wives," New York: Community Service Society, Institute of Welfare Research, 1966 (Mimeographed); August B. Hollingshead and Fredrick C. Redlich, Social Class and Mental Illness: A Community Study (New York: John Wiley and Sons, Inc., 1958), pp. 387-397.

[3]If a wife is a housewife her score was computed based upon her education and the husband's occupation. Refer to Appendix IV for further definitions of the Hollingshead Two-Factor Socio-Economic Position Method.

2. Social Functioning*[1]

The CMP-II assessed twenty-four sub-areas of social functioning. The major sub-areas assess role performance of the client as spouse, as parent, as homemaker, overall social effectiveness within the family, occupational functioning, social relations in the community. These role functions were averaged and a single index of social functioning was calculated. This average was computed by taking the arithmetic mean of the three summary scores for each area of social functioning.

3. General Intelligence

(Worker's Estimate)

a. Defective
b. Low-Average
c. Average
d. High-Average
e. Superior

4. Perception of Reality*

The individual's ability to perceive accurately factors in the social and material environment as they affect him and his well being; without distortion by his own feelings and needs. The individual's recognition of the needs and rights of others, his understanding of the attitude of others toward him, his ability to assess motives of others, his knowledge of community resources and how to use them, his comprehension of commonly accepted social values and behavioral standards.

5. Perception of Self*

The individual's understanding and acceptance of himself. His

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*[1]Items based upon Scale-A measurements are signified by an asterisk (*).

awareness and comprehension of the motives, goals, needs, etc., that determines his own attitudes, ideas and behavior patterns. The clarity of his roles and sexual identity, his attitude toward himself, his ability to be self-critical, his recognition of problems beyond his own personal resources, his understanding of his own assets and liabilities, how realistic his concept is of himself in the light of predominant community standards.

6. Appropriateness of Affect*

Appropriateness of the feeling tone and of the degree of feeling with which the individual characteristically responds to his whole range of life situations and interpersonal relationships. Feeling or emotion may be expressed directly (tears, laughter, trembling), verbally, or through behavior. The interviewer judges the appropriateness of the client's affect from his direct manifestations of feeling in the interview plus what he reports of his feelings and actions as he describes his reactions to family members, associates, own social roles, and the world in general.

7. Frustration Tolerance*

Ability to control or delay discharge of impulses, to postpone satisfaction of needs in the interests of greater future gratification, in consideration of the needs of others, or in conformance with socially imposed standards and values. Consider capacity to withstand social and interpersonal frustration, stress, tension, without undue cost to self or others.

8. Intellectual Functioning*

Ability to remember, follow a train of thought, make valid cause-effect connections, appraise situations logically, generalize on the basis of experience.

9. Quality of Object Relationships*

Ability to form and sustain warm, interpersonal relationships that take appropriate account of the needs of the other person.

10. Functional Adequacy of Defenses*

Consideration of the general usefulness of the defense structure, that is, the appropriateness of the individual's use of defenses, including their flexibility and their resiliency under internal and external stress.

11. Overall Ego-Functioning*

Summary assessment taking into consideration variables four through ten.

12. Overall Functional Adequacy of Client's Family*

Summary assessment of family functioning preceded in the CMP-II by fifteen items evaluating specific areas of family functioning. The judge is instructed to take into consideration all that he knows about the family and arrive at a general assessment of its functioning as a family. This summary item includes consideration of functions, norms, values, etc.

13. Effect of the Environment on the Family's Efforts at Problem-Resolution: Overall Environment

Consideration of the quality of the physical and social environment and its impact on the family in terms of its impact on the family's efforts to resolve the problem situation--will it help or impede problem resolution? If impeding or unfavorable, is it susceptible to modification by casework intervention?

The caseworker indicates one of the following:

a. Unfavorable and unmodifiable.

b. Unfavorable and probably modifiable.

c. Neither notably unfavorable nor favorable.

d. Favorable.

14. Overall Adjustive Status*

This is a summary rating of the client's intrafamilial and extrafamilial social functions, the client's individual physical and psychological functioning, the functioning of the client's family, and the client's environmental circumstances.

15. Nature of the Problem[1]

The worker is instructed to indicate not more than two of the following problem areas whose resolution the worker considers to be of central importance.

a. Marital Relations

Difficulty between the husband and wife regardless of cause or locus.

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[1]Modified when coded.

b. Parent-child Relationships

Difficulties between the husband or wife and one or more of thier own children.

c. Other Family Relations

Difficulties with family members, within or outside the household other than husband, wife, own children; e.g., with parents or siblings of husband or wife.

d. Social Relations Outside the Family

Difficulties of husband, wife, or children in interpersonal relations outside the family, as with neighbors, employer, other associates.

d. School Adjustment or Achievement

Academic, relationship or behavioral difficulties in school.

f. Physical Illness or Disability

Acute or chronic ill health or disability, including persistent somatic symptoms of undetermined origin.

g. Emotional Distress in Self or Other Family Member

Such as depression, persistent anxiety, indecisiveness, etc. Only consideration of disabling symptoms, not checked if other problems in functioning are judged to have psychological roots.

h. Mental Illness

Psychosis--diagnosed or suspected--in any family member.

i. Deviant Behavior

Refers to socially defined deviant behavior such as assaultive behavior, excessive drinking or gambling,

i. (cont.) promiscuity, persistent truancy from school, out-of-wedlock pregnancy, or other extreme acting-out behavior.

j. Employment

Unemployment; unsuitable, insecure, or unstable employment.

k. Financial Need

l. Financial Management

m. Housing[1]

16. Cause of the Problem

The caseworker was instructed to indicate one of the following which he considered responsible for the current problem-situation for which casework service is sought.

a. Client's own behavior and attitudes.

b. Behavior and attitudes of spouse.

c. Behavior and attitudes of children.

d. Behavior and attitudes of other relatives; behavior and attitudes of unrelated individuals.

e. Current social or economic conditions (neighborhood, job market, discrimination, etc.).

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[1]Several of the categories listed above were consolidated when coded: "c" and "d" were consolidated into a single category; "g", "h" and "i" were consolidated into a single category; "f", "j", "k", "l" and "m" were collapsed into a single category. These items were consolidated due to the low frequencies in the categories. Refer to Appendix IV which contains the coding instructions for the client variables. Page 5# of those instructions illustrates coding categories as used for "Nature of Problem."

17. Recency of Origin of Current Problem Situation

a) Recent--of less than six months duration.

b) Long standing--of more than six months duration.

(This could include recurrence of a long standing problem, intensification of a long standing problem, or a long standing problem with no recent change in intensity.)

18. Client's Treatment Goal[1]

The caseworker is instructed to indicate which of the following the client sees as necessary and desirable to alleviate the problem as the client sees it.

a. Change in own functioning or personality.

b. Change in other family members.

c. Change in environment or social situation.

d. Specific assistance--e.g., financial aid, homemaker service, medical care.

e. Goal not clear, diffuse.

19. Appropriateness of the Goal to the Problem Resolution

The worker estimated how appropriate he considered the client's goals.

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[1]When coded these categories were consolidated as follows:

1 = a

2 = b

3 = c

4 = a & b

5 = b & c

6 = b & c

7 = a & b & c

8 = a & b & e

9 = b & c & e

19. (cont.)

a. Highly inappropriate and probably unmodifiable.

b. Highly inappropriate and probably modifiable.

c. Moderately inappropriate and probably unmodifiable.

d. Moderately inappropriate but probably modifiable.

e. Moderately appropriate.

f. Highly appropriate.

20. Client's Hopefulness About the Problem Resolution

The worker indicates how optimistic the client is about alleviation of the problem.

a. Little or no hope.

b. Moderate hope.

c. High hope.

21. Client's Degree of Discomfort in the Problem Situation

The worker records how much discomfort the problem situation seems to cause the client. The worker considers not only what the client says but how he looks--calm, agitated, depressed--and how he acts--at ease, tense and restless, rapid speech, lethargic--as he discusses problem.

a. None.

b. Mild.

c. Moderate.

d. Severe.

22. Client's Reaction to Discomfort of Problem Situation

The worker records the way the client appears to respond to the problem situation. The predominant pattern of response only is recorded.

a. Runs away from problem (denies problem, avoids it physically or psychologically).

b. Immobilized (overwhelmed, depressed, indecisive, ruminative).

c. Rebels, lashes out at people and/or circumstances (quarrels with, picks on, criticizes people, blames circumstances.)

d. Attempts to cope with problem. Conscious attempts to resolve the problem. That is, facing it and trying to do something about it, whether or not the efforts are appropriate.

23. Intensity of the Client's Desire to Resolve the Problem*

Anchor points:

1. Very low = Strong resistance to any alteration in the situation because of inherent satisfaction in it or intense fear that any modification will only make things worse.

2. Very high = The feeling that anything would be worthwhile that would ease the situation. No effort would be too great.

24. Client's Feeling Toward the Caseworker

Worker's description of client's feeling toward worker:

a. Strongly negative.

b. Moderately negative.

c. Neither strongly negative nor positive.

d. Moderately positive.

e. Strongly positive.

25. Client's Attitude Toward the Offer of Service

Irregardless of client's understanding of the nature of the service offered, the worker estimates the client's optimism about the likelikhood of its helpfulness in alleviation of the problem situation.

a. Very pessimistic about helpfulness.

b. Pessimistic, service probably not helpful.

c. Unsure whether service will be of help.

d. Optimistic, service probably helpful.

e. Very optimistic about helpfulness.

26. The Client's Participation in the Casework Interviews

Worker considers the participation of the client with the caseworker in the exploration of the problem situation and of avenues toward its resolution.

Five sub-items are rated:

1. Readiness to express feelings.
2. Readiness to consider own role in problem.
3. Readiness to include spouse or other appropriate person.
4. Readiness to share appropriate information.
5. Ability to establish appropriate relationship with caseworker.

The arithmetic mean of the five ratings is calculated and is the index score on this item.

27. Client's Motivation for Use of Casework in Problem-Solving*

Summary assessment of all worker knows about the client's understanding of his problem, his motivation to resolve it, and his attitude

toward service--the strength of client's motivation to use casework services in resolution of the problem.

28. Probable Gross Clinical Diagnosis

If the client deviates from normal, the worker indicates in what direction:

a. Within normal range--(i.e., generally asymptomatic).

b. Deviating in direction of neurosis.

c. Deviating in direction of character disorder.

d. Deviating in direction of psychosis.

These twenty-eight variables represent the major client variables assessed in the study. For further explanation of these variables, instructions to the caseworker for evaluating these items, or coding procedures, refer to Appendices I and IV.

Casework Method

The design of the CMP specified case assignment on a random basis to either the modifying or supportive methods of casework treatment.[1] Theoretically, the constellation of treatment techniques used in these two methods differ.[2] The dissertation sample was selected from the CMP sample irregardless of method assignment. Since it is possible that method assignment may significantly effect the treatment procedures used by the caseworker the relationship between assignment and treatment procedures in the sample of interviews studied is examined.

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[1] Supra, pp. 16-17.

[2] Method and Process in Social Casework, op. cit., pp. 16-22.

The supportive and modifying methods are described in detail in Method and Process in Social Casework as follows.

1. The Supportive Treatment Method: This method requires the use of a constellation of techniques that help the client to improve his functioning within the framework of his established ego mechanisms of defense. The outward form of the client's behavior is modified although by intent his internal processes are not modified. Some internal changes may occur as a contingent gain.
2. The Modifying Treatment Method: This method requires the use of a constellation of techniques that help the client to improve his functioning through modification of selected ego-mechanisms of defense. The outward form of the client's behavior and selected internal processes are modified. By intent unconscious conflicts are not resolved.[1] [Italics mine]

Method and Process in Social Casework discusses the criteria for choice of either the modifying or supportive method. Since the assignment of a case in the Casework Methods Project is not based upon these criteria but rather on random assignment these criteria will not be discussed.

A pattern of casework techniques is associated with each of the two methods. The techniques are:[2]

A) The Supportive Method:

1. Reassurance
2. Giving Information
3. Logical Discussion
4. Demonstrating Behavior
5. Advice and Guidance
6. Setting Realistic Limits

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[1] Ibid., p. 15.

[2] Refer to Appendix III for definitions of the following treatment techniques.

7. Ventilation

8. Direct Intervention

9. Utilization of Habitual Patterns of Behavior

10. Confrontation

B) The Modifying Method:
All of the techniques of the supportive method are also used in the modifying method. In addition the technique of clarification is used. Clarification is the predominant technique and is used to modify behavior and attitudes by consistently increasing the client's awareness and understanding of the use, meaning, and effect of disabling patterns of response, eventually including the pathological use of a defense mechanism. Use of clarification requires several steps.[1]

In the Casework Methods Project the caseworkers were closely supervised and monitored by means of taped sessions and dictation so that their adherence to the prescribed method was maximized. The caseworkers were free to use any of the supportive method techniques with the modifying method cases but in addition were instructed to use the technique of clarification whenever feasible. In other words for cases in the modifying method prescription the use of techniques was unrestricted.

In the supportive treatment prescription the technique of clarification was not to be used other than incidentally. In other words, the assignment of a case to the supportive prescription resulted in a restriction on the use of the technique of clarification.

Since method assignment is treated as an intervening variable in this study, it is of concern only in relation to its effect upon the treatment procedures under study. While assignment of a case to one of

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[1] Ibid., p. 20.

the two casework methods may influence any number of variables the concern of this study is only its effect upon the procedures as conceptualized by the Hollis' classification. Differential use of each of the Hollis' procedures is assessed in relation to interviews in the supportive and modifying prescriptions. These differences are reported.

Interview Phase

The study design specified that three interviews were to be selected and coded for each client included in the study. These three interviews were selected from those occurring during the assigned service phase of treatment. No interviews were to be selected from the intake phase of service. As discussed above the intake phase as defined in the Casework Methods Project occurred prior to case assignment and consisted of from one to three case interviews. These intake interviews were conducted by the project caseworker who continued as the assigned service worker. The design specified that the three interviews for each client be selected from three interview phases. One interview was to be selected from interview one through four; one was to be selected from interview five through nine; the third was to be selected from client interview ten through fourteen. The interview selected from each phase was to approximate the mid-point of that phase (i.e., interview two or three was to be selected from phase I; interview seven was to be selected from phase II; interview twelve was to be selected from phase III). If for any reason these particular interviews were not desirable or available the next available interview was to be selected.

The rationale for selection of more than one interview per client is apparent. If a single interview were selected to represent the

procedures used with a particular client the possibility of selecting an atypical or non-representative interview was much greater than if more than one interview per client was studied. The selection of three interviews per client was somewhat arbitrary, but related to the issue of studying interviews that were representative of those conducted with particular clients in various phases of treatment. In addition factors pertaining to sample size and economy of time available for coding were important considerations.

The definitions and limits of the three phases were somewhat arbitrarily arrived at; however, several theoretical and practical considerations were involved. Casework theory indicates that the worker's procedures and immediate objectives are related to the phase of treatment.[1] Interviews during the study phase are thought to be characterized by a relatively greater use of exploratory as well as supportive techniques and relatively less use of modifying, insight-oriented or reflective techniques. The immediate goals are related to engaging the client in the treatment process and relationship as well as exploration, definition, and evaluation of the problem situation. The length of this study phase is relative to the client and the problem situation; however, occurs during the early interviews. The Community Service Society has defined the study phase as beginning with application and one or two in-person interviews which are designated as intake interviews, and

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[1]Gordon Hamilton, Theory and Practice of Social Case Work, op. cit., pp. 213, 223; Florence Hollis, Casework: A Psychosocial Therapy, op. cit., p. 223; Helen Harris Perlman, "Intake and Some Role Consideration," op. cit., p. 163; Perlman, Social Casework: A Problem-solving Process, op. cit., p. 106.

continuing for a maximum of six to eight in-person interviews.[1] The definition of phase I, in this study, is an approximation of the study phase of service. Phase II is viewed as a middle phase of service where the study process may still assume a major role; however, it is anticipated that the treatment phase should be well under way. Again, this would be related to the particular client and problem situation. Phase III is considered to represent the treatment phase of casework service. Theory indicates that case study remains an ongoing aspect of service beyond the initial study phase; however, phase III interviews should, on the average, represent interviews where the study process has assumed a relatively minor role and the treatment process has become the major component.

Client interviews differ from case interviews. Usually more than one family member was interviewed in the Casework Methods Project. Frequently a case was composed of several clients, possibly a husband, a wife and/or a child. When reference is made to the case interview this reflects the total number of interviews with family members combined. When reference is made to client interviews only interviews with that particular family member are included. Joint interviews are considered as both case and client interviews. The treatment phases are defined in terms of client interviews without respect to the corresponding case interview. In some instances, as explained previously, interviews for all phases were not available. These clients were included in the sample; however, they were not represented in every treatment phase.

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[1] Method and Process in Social Casework, op. cit., p. 9.

Some of these clients are represented by a single interview from phase #I, or two interviews, one each from phase #I and #II.

Treatment phase, like method, is examined as a possible intervening variable in the relationship between client characteristics and treatment procedures. The relationship between each treatment procedure and phase is examined and described. If significant differences are found between phases and procedures this will be taken into consideration in the analysis and interpretation of the relationship between the client variables and the procedures.

The Caseworker

A third major intervening variable considered in the study is the caseworker. Evidence has been accumulating during recent years indicating that caseworker's styles and repertoire of treatment procedures varies considerably among workers.[1] If such style differences are present among the caseworkers in this study the interpretation of the relationships between the client characteristics and the treatment procedures would be effected. The differential use of each of the treatment procedures is analyzed in relation to the worker variable. If significant differences are found they are described and controlled whenever feasible in data analysis.

The study sample draws on cases from six caseworkers. Five of these caseworkers are female and one is male. All are experienced

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[1] Reid, "Caseworkers' Use of Insight-oriented Techniques," op. cit.; ibid., Reid, "Client and Practitioner Variables Affecting Treatment," op. cit.; ibid., Reid, An Experimental Study of Methods Used in Casework Treatment, op. cit.

workers with a median of six years of postmasters casework experience. Three of the caseworkers were drawn from experienced staff of the Community Service Society and three were employed especially for the Casework Methods Project. In addition, the workers functioned under exceptionally close supervision and had available all of the service resources of the Community Service Society.

If differences are found among caseworkers' use of the procedures, these differences will be accepted without further specification. While it would be of great interest to examine and specify the correlates of these style differences such an examination is beyond the scope of this study. The worker differences in the use of procedures is of interest in the present study only as an intervening variable in the relationship between client characteristics and treatment procedures.

Hypotheses

Since the study lacks the essential elements of an experimental design the testing of causal hypotheses is not permitted. The study hypotheses are formulated and examined for descriptive purposes only.

Major Hypothesis

H_1: The treatment procedures used by the caseworker in the interview are associated with the caseworkers' assessment of the client characteristics.

The major hypothesis is stated in general terms. If the association between each of the procedures and each of the client characteristics were to be specified 308 hypotheses would be generated. Rather than state each hypothesis the expected associations between these two sets of variables are illustrated in the prediction table below.

Subsidiary Hypotheses

As described previously the effect of casework method prescription upon the treatment procedures used is assessed. If prescription assignment is effective the following hypotheses should be substantiated.

H_2: The workers' proportionate use of treatment procedures of a sustaining type (A) are greater among cases assigned to the supportive method of casework service than among cases assigned to the modifying method of casework service.

H_3: The workers' proportionate use of treatment procedures of type E and F are greater among cases assigned to the modifying method of casework service than among cases assigned to the supportive method of service.

While differences in the use of the procedures among the treatment phases are anticipated to be quite complex theory clearly permits prediction concerning at least two of the procedures, C and E.

H_4: The workers' proportionate use of treatment procedures of type C is greater among interviews in phase I than either phase II or phase III.

H_5: The workers' proportionate use of treatment procedures of type E is greater among interviews in phase III than in phase I.

It is also expected that use of treatment procedures will vary in relation to the caseworker variable.

H_6: The caseworkers vary in their proportionate use of the treatment procedures.

Predicted Associations: Client and Procedure Variables

The major study hypothesis (H_1) is further specified as illustrated in the prediction table. It must be stressed that these predictions are meant only as guides for description. The experienced practitioner or theorist would undoubtedly question not only many of the predictions but also the attempt to isolate discrete associations. Nevertheless, the predicted associations represent expectations prevalent in casework theory and practice.[1]

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[1]Hollis, Casework: A Psychosocial Therapy, op. cit., chaps. xii, xiii, pp. 204-245 ("The Choice of Treatment Objectives" and "The Choice of Treatment Procedures"); Reid, "An Experimental Study of Methods Used in Casework Treatment," op. cit.; Reid, "Caseworkers' Use of Insight-Oriented Techniques," op. cit.

TABLE 2.--Predicted Associations: Client Characteristics and Treatment Procedures[a]

Client Characteristics	Procedures										
	A	B	C	Da	Db	Dc	Dd	Dg	Du	E	F
Socio-Economic Status	-	-	0	-	0	0	0	+	0	+	+
Social Functioning	-	-	0	0	0	+	0	+	0	+	+
General Intelligence	-	-	0	0	0	+	0	+	0	+	+
Perception of Reality	-	-	0	-	0	+	0	+	-	+	+
Perception of Self	-	-	0	0	0	+	0	+	0	+	+
Appropriateness of Affect	-	0	0	0	0	+	0	0	0	+	+
Frustration Tolerance	-	-	0	0	0	+	0	+	0	+	+
Intellectual Functioning	-	-	0	0	0	+	0	+	0	+	+
Quality of Object Relationship	-	0	0	0	0	+	0	0	+	+	+
Adequacy of Defenses	-	0	0	0	0	+	0	0	0	+	+
Overall Ego Functioning	-	-	-	0	0	+	0	+	0	+	+
Overall Family Functioning	-	0	0	-	0	0	0	0	0	+	+
Effect Environment Problem	-	0	0	-	0	0	0	0	0	+	+
Overall Adjustive Status	-	-	0	0	0	+	0	0	0	+	+
Problem: Nature[b]	0	0	0	0	0	0	0	0	0	0	0
Problem: Cause[b]	0	0	0	0	0	0	0	0	0	0	0
Recency Problem Origin[b]	0	0	0	0	0	0	0	0	0	0	0
Client's Goal in Treatment[b]	0	0	0	0	0	0	0	0	0	0	0
Client Goal Appropriateness	0	-	0	0	0	+	0	0	-	0	0
Hope About Problem Resolution	0	0	0	0	0	0	0	0	0	0	0
Degree of Discomfort	+	+	+	0	0	0	0	0	0	0	0
Reaction to Discomfort	0	0	0	0	0	0	0	0	0	0	0
Desire to Resolve Problem	0	0	0	0	0	+	0	0	+	+	+
Feeling Toward Caseworker	0	0	0	0	0	0	0	0	-	0	0
Attitude Offer of Service	0	0	0	0	0	0	0	0	-	0	0
Participation in Service	0	0	0	0	0	+	0	0	-	+	+
Motivation--Overall	0	0	0	0	0	+	0	0	-	+	+
Gross Clinical Diagnosis[b]	=	=	0	0	0	=	0	=	0	=	=

[a]Predictions are indicated by cell characters:
(1) positively associated (+)
(2) negatively associated (-)
(3) direction not predicted (=)
(4) unable to predict (0).

[b]At the time of prediction scales or categories had not been developed for these items.

Methodology

Elements of the methodology have been discussed throughout the previous sections where relevant. In addition many aspects of methodology are most efficiently discussed in the data analysis sections. Only methodology not discussed elsewhere is presented in the following paragraphs. Some repetition is necessary and unavoidable.

Data Collection

Treatment Procedures

As discussed the eight-seven tape-recorded interviews were content analyzed classifying each of the caseworker's statements into one of the procedure categories. The classification acts or judgments were made directly from the tape recording (audio-stimuli only). Tapescripts were not used. Reference to case material other than the tape itself was purposely avoided. The additional information gained through direct coding from the tape was anticipated to add dimensions that would be absent in tapescripts or process recordings. In addition, as a matter of economy typing of tapescripts would be unfeasible.[1]

The coding unit is the "independent clause." While listening to the tape the judge located each of the caseworker's statements or "interventions."[2] Within each such intervention the judge isolated all independent clauses. Each of these clauses received a code. Worker interventions are identified for purposes of relocation by noting the

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[1]Ideally both tapes and tapescripts would be desirable.

[2]"Interventions" are defined as worker statements terminated on both sides by a client statement.

odometer numbers corresponding to the beginning and ending of the intervention. The number and classification of each of the coded units (clauses) is identified within the intervention by a check (✓) or checks on the code sheet. Usually, the entire intervention was listened to prior to coding any of its elements.

The number of clauses occurring in each of the treatment categories for each interview was then determined. These marginal (category margins) frequencies were then summed for each interview and used as the base to convert the category frequencies into proportions. It was these category proportions that became the data in analysis. Proportions rather than frequencies are used in data analysis for several reasons. Interviews are not of standard length. If frequencies had been used as the base of comparison differences between interviews in the use of procedures could be due to varying interview lengths. In addition, caseworkers were assumed to vary in the amount or number of interventions or degree of activity that characterized their style. Frequencies therefore could be misleading since it is the proportionate use of a procedure rather than the raw frequency that is considered most relevant to the study problem.[1] The proportionate use of all of the treatment categories for an interview is referred to as the interview profile.

Client Characteristics

As discussed, relevant items were selected and developed from the CMP-II. Twenty-two of the twenty-eight variables were readily converted into ordinal scales along obvious dimensions. These need no further

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[1]Comparisons based upon frequency would be of interest also, however, would involve another study.

explanation. However, six of the client characteristics were not readily converted into ordinal scales and are discussed below. Nature of Problem was left in its nominal form. Cause of Problem was converted to ordinal data along the dimension of "internal-external" causation. Recency of Origin of Problem Situation was coded on the dimension of "duration" from "recent" to "long standing." Client's Goal was converted to an ordinal scale on the dimension of "complexity of goals" which ranged from a goal of change in the client's own functioning to a multiple goal of change in several external factors. Reaction to Discomfort in the Problem Situation was converted to ordinality ranging from "flight" from the problem to realistic "coping" with the problem. Gross Clinical Diagnosis was retained as nominal scale data although it could also be considered as ordinal ranging from "normal" to "psychotic."

Data Analysis

Coding

Data relevant to each of the eighty-seven interviews were punched on an IBM card for computer analysis. In data analysis each client interview has been treated as independent of all other interviews. Interviews from the same client are treated in most forms of analysis as independent of other interviews from the same client and case. In addition, although all eighty-seven interviews are drawn from six workers this aspect of dependence is not considered in analysis. Data relevant to each interview were coded on a single card. Each card contains the proportionate use of each treatment category (eleven), client scores on each of the client characteristics (twenty-eight), casework method

assignment, case interview, interview phase, caseworker, case number, as well as several descriptive and incidental items.

Reliability

Since resources were not available for the use of a second judge all coding of tapes was done by the writer. As a result the issue of reliability is of considerable importance to the validity of the study.

The writer studied and practiced with the Hollis' typology for several months. Once the system had been learned and reliability tested an adaptation of the typology for use with tape recordings was developed. This adaptation resulted in very minor modifications. Once the adaptation had been developed and tested for feasibility coding began. The first five interviews were recoded following completion of the fifth tape. During the ensuing period of coding every fifth tape in each block of ten interviews was recoded. In the above manner intrajudge reliability in terms of consistency over time was examined.

In addition, a recent graduate of the master's program, trained by Dr. Hollis in the use of the typology for use in a master's thesis, volunteered to code several of the tapes. Comparison of this judge's codings with the writer's yields an indication of interjudge reliability with taped interviews used in the project.

Agreement of both interjudge and intrajudge reliability is reported in several ways. Percentage agreement in terms of each coding act is reported. In most instances results are also reported in terms of the Spearman rank correlation coefficient. In addition, the statistic k developed by Jacob Cohen is used to report percentage agreement

exclusive of chance.[1] The reliability of the codings of treatment procedures is examined in detail and from a variety of perspectives. Reliability has been reported in terms of Spearman's rho to allow comparisons with other studies employing the Hollis' typology. Reliability is also reported in terms of Cohen's k since this seems a highly relevant and meaningful coefficient for the study data.

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[1]As discussed by Cohen, k can be employed as a coefficient of interjudge agreement for nominal scales. It is directly interpretable as the proportion of joint judgments in which there is agreement, after chance agreement is excluded. Its upper limit is +1.00, and its lower limit falls between zero and -1.00, depending on the distribution of judgments by the two judges. When obtained agreement equals chance agreement, k = 0.

Cohen proposes as the assumptions of the coefficient of agreement:

1. The units are independent.
2. The categories of the nominal scale are independent, mutually exclusive, and exhaustive.
3. The judges operate independently.

The coefficient k is simply the proportion of chance-expected disagreements which do not occur, or alternatively, it is the proportion of agreement after chance agreement is removed from consideration:

$$k = \frac{P_o - P_c}{1 - P_c}$$

Expressed in frequencies:

$$k = \frac{f_o - f_c}{N - f_c}$$

P_o (f_o) signifies the observed or actual agreement between the two judges; P_c (f_c) the agreement between the two judges attributable to chance with the marginals as given.

In his article Cohen discusses the procedure for computing the maximum value of k set by the marginal distributions; an approximation to the standard error of k; confidence limits for k; and, a test of significance for k. For a discussion see: Jacob Cohen, "A Coefficient of Agreement for Nominal Scales," Educational and Psychological Measurement, XX, No. 1 (1960), pp. 37-46.

Treatment Procedures: Descriptive Data

Descriptive data are calculated for the treatment procedures. Summary frequencies of the total number of worker statements coded, summary frequencies and proportions for each of the categories over the entire sample, means, measures of variance and other descriptive data are calculated and discussed. Most of this descriptive data has been calculated manually although means, standard deviations, and variances were calculated by the computor.

Distributions: Client Variables

Frequency distributions are computed for the independent variables. Two sets of distributions are computed. The first is a print-out of the distribution over all eighty-seven interviews and permits description of the total sample of interviews, however, duplicates clients. The second print-out has computed distributions for each phase of treatment. Therefore, this set contains three distributions, one for each phase. This permits description of the interviews separately by phase and, since clients are represented in each phase by a single interview, this print-out avoids duplication of clients. Frequencies, percentages, cumulative percentages, means, standard deviations, and variances are calculated.

Analysis of Variance

A series of 2 x 3 x 6 analysis of variance tests are computed to test for differences in the use of the treatment procedures in relation to the three intervening variables of casework method prescription, phase, and caseworker (eleven tests). Since several of the procedures

occurred very infrequently, interpretation of the results of the analysis of variance test were limited. The Fisher exact probability and x^2 tests were used to further examine these procedures.

These tests permit conclusions to be drawn concerning the differences in the proportionate use of the procedures as related to the three intervening variables. In these methods of analysis each interview is treated as independent of the others and the procedures are treated as interval scale data (with the exception of the non-parametric tests). While these assumptions of independence and level of measurement (as well as random assignment) are not valid the results obtained are of interest on a purely descriptive level. Results are interpreted with caution and are highly tentative. These comments apply also to the correlational and factor analysis described below.

Correlational Analysis

The twenty-eight client characteristics and the eleven treatment procedures are intercorrelated, again using the computor. This analysis yields data concerning the intercorrelations of the treatment procedures with one another; the intercorrelations of the client characteristics with one another; and, the intercorrelations of each of the client characteristics with each of the treatment procedures. Interpretations of the results are made with the caution and in the context of the previous comments.[1]

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[1]The correlational program permitted deletion of observations coded as either "other" or "unknown." Such item deletion explains the variation in the number of observations.

Factor Analysis and Factor Score Correlations

The correlational analysis indicated that a large number of the client variables were highly intercorrelated. It seemed evident, therefore, that a small number of underlying or common dimensions were possibly being evaluated by these numerous client variables. As a result the client variables were factor analyzed. Factor weights are computed and factor scores are developed for each client. The resulting factor scores for each client are then correlated with each of the treatment procedures. The correlations are computed separately for each of the three treatment phases. The relationship between each of the hypothetical factors and each of the treatment procedures specifying treatment phase is described. Non-parametric procedures are also used for the infrequently used procedures.

III. DESCRIPTION OF SAMPLE AND CLIENT VARIABLES

Sample Description

CMP Sample

The CMP sample of 120 families was secured in June, 1966. During an 18-month intake period, 625 families were identified at application as possible project cases. Of these, 120 became the sample served by the project. The remaining 505 cases were distributed as follows:

1. Two-hundred families withdrew prior to intake.
2. One-hundred eighty-eight were closed during intake, either because service was complete or because the family withdrew.
3. Eighty-six failed to meet one or more of the project criteria and were referred to non-project CSS staff.
4. Thirteen withdrew prior to completion of the initial research interview.
5. Eighteen families were assigned to a project caseworker but withdrew prior to the first interview following tentative assignment to a prescribed treatment pattern.

Assignment of a case to a prescription was considered complete after the family had at least one "service" interview, that is, at least one interview after the caseworker had been informed of the service plan. Each caseworker and each Service Center received roughly proportionate numbers of cases in each prescription. A check on the randomness of

assignment was carried out by the CMP through analysis of social characteristics of clients assigned to various prescriptions. Differences among prescriptions in respect to such characteristics as income, education, race and age, were within the limits of random error.[1]

Study Sample

All CMP families meeting the dissertation criteria were selected into the study sample. Of the 120 cases in the CMP, 60 were assigned to the continued service prescription. These 60 cases represented 120 spouses or clients. Forty-one of these 120 clients were assigned to have their service interviews tape recorded. Of these 41 clients, 30 completed at least 11 assigned service client interviews.[2] Twenty-four of the 30 clients had individual interviews in each of the 3 phases. Of these 24 potentially eligible clients who were assigned to be taped only 23 were actually taped. These 23 clients were selected for the study. Three interviews, one from each treatment phase, were coded, resulting in a total of 69 interviews.[3] In addition, 12 other clients who discontinued treatment prior to interview 10 or had individual interviews in less

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[1]CMP Progress Report: 1965-66.

[2]Each client included in the study must have completed at least the eleventh client interview to be represented in all three phases. Phase III is defined as interviews 10 through 14. The earliest phase III interview could not be the last client interview. Each client, therefore, must have had at least 11 interviews.

[3]One of these 23 clients did not have an interview taped beyond phase II. Therefore, 2 interviews from phase II were coded for this client. This is the only client with more than one interview in a phase. Both interviews in phase II were included in analysis of the frequency distributions, analysis of variance and correlational analysis. The second interview in phase II was excluded from the factor analysis.

than three phases were included in the study. Eighteen additional interviews were coded from this group of 12 clients. For these clients an interview was coded for each phase the client had completed. These 12 clients were originally selected for the study because service was in progress and they represented that group of clients who at the time of case selection could potentially complete the 3 phases.

As a result the final sample of cases consisted of 87 interviews from a total of 35 clients selected from 22 families. Table 3 illustrates the distribution of these 87 interviews in relation to phase of treatment and casework method.

TABLE 3.--Interview Distribution: Phase and Method

	Treatment Phase			
Method	I	II	III	Total
Modifying	18	15	11	44
Supportive	17	15[a]	11	43
Total	35 (40%)	30 (34%)	22 (25%)	87

[a]Two interviews are represented in this cell from one client.

Table 3 illustrates that of the total 87 interviews 44 are in the modifying method while 43 are from the supportive method. The 44 modifying interviews represent 18 clients while the 43 supportive interviews represent 17 clients. The column totals are the total number of clients (interviews) in each phase.[1] All of the study clients are represented by an interview in phase I. The decreasing frequency in phase II and III is

[1]See footnote 3 on the previous page.

a function of client discontinuance. The total phase III interviews indicates the number of clients represented in phase III and in addition the number of clients who continued in service to at least the eleventh service interview.[1] The near exact cell and marginal frequencies for the two methods is an indication of the lack of effect of method assignment on client discontinuance since interviews were selected on the basis of availability. The median client interview is 6.25. Since the interviews were selected in reference to the 3 phases the distribution could best be described by the modal interview for each phase. The mode for phase I is interview 2.5; phase II is interview 7; phase III is interview 12.5.

In Table 4 the frequencies represent cases rather than clients and give some indication of the number of families in the sample.

TABLE 4.--Cases Represented: Phase and Method

	Treatment Phase		
Method	I	II	III
Modifying	13	9	8
Supportive	9	8	6
Total	22	17	14

A total of 22 cases or families were included in the sample. All 22 are represented in phase I; 17 families are in phase II; 14 families are in phase III.

Since phase has been defined with the client as the point of reference it does not indicate the location of an interview in reference to the total case. Table 5 presents the distribution of interviews categorized into which case interview they represent.

TABLE 5.--Assigned Service Case Interview

	Case Interview						
	1-4	5-9	10-14	15-19	20-29	30-39	Total
Frequency	18	22	17	15	13	2	87
Percent	20.69	25.29	19.54	17.24	14.94	2.30	100.00
Cumulative Percent	20.69	45.98	65.52	82.76	97.70	100.00	

Table 6 presents data concerning the sample composition dichotomized into interviews with the husband and interviews with the wife.

TABLE 6.--Spouse Interviews Related to Phase

	Spouse		
Phase	Husband	Wife	Totals
I	17 (49%)[a]	18 (51%)	35
II	13 (43%)	17 (57%)	30
III	8 (36%)	14 (64%)	22
Totals	38 (44%)	49 (56%)	87

[a]Percent of total phase interviews.

The 87 interviews are somewhat unevenly distributed with the largest number representing the wife. This is a function of a greater number of interviews with the wives available. There appears to be a higher discontinuance rate for the husbands than for the wives in this

sample of cases. While husbands represented 49% of the interviews in phase I this drops to 43% of the phase II and a continued drop to 36% in phase III. How representative this pattern of discontinuance is of the CMP sample is unknown; however, it appears evident that at least for this sample of clients the discontinuance rate is higher for the husbands than for the wives.[1]

The ethnic composition of the sample is illustrated in Table 7. None of the sample clients were classified as "Puerto Rican" or "Other."

TABLE 7.--Ethnic Origin

Phase	Ethnic Origin		Totals
	Negro	White	
I	6 (17%)	29 (83%)	35
II	6 (20%)	24 (80%)	30
III	3 (14%)	19 (86%)	22
Totals	15 (17%)	72 (83%)	87

Eighty-three percent of the interviews are with "White" clients while 17% are with "Negro" clients. The highest representation of Negro clients is in the phase II interviews (20%). It is clear that the sample of clients and interviews is overwhelmingly "White" especially in phase III.

[1]Tentative analysis of the data from the CMP sample supports this observation.

The Client Variables Described

This section presents an analysis of the frequency distributions of the twenty-eight client variables. Three sets of distributions were computed, one for each phase of treatment. As a result of client discontinuance the characteristics vary in relation to phase composition. The distribution of each client variable is discussed below specifying phase.[1]

A-Scale Variables

Fourteen of the client variables were assessed on the A-scale. Table 8 summarizes these distributions. The A-scale is considered an "equal interval" scale and the data for the most part are treated as such in analysis. As described, scale A is an 11-point scale, on which one is an extremely low or unfavorable rating and 11 a very high or favorable rating, with each of the points in between considered equidistant from the next. The mid-point is 6 which represents fair, marginal or minimally adequate functioning. The ratings of 2, 3, and 4 are in the low or poor range; the ratings of 5, 6, and 7 are in the fair or mid-range; the ratings of 8, 9, and 10 are in the high or good range. In the process of coding the two extreme ratings have been collapsed.

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[1]The variables and their subcategories are defined, supra, pp. 41-52.

TABLE 8.--Distribution of "A-Scale" Client Characteristics

Client Variable	Distribution			
	Mode	Mean	Standard Deviation	Range
Social Functioning				
I[a]	6	6.40	1.52	4-9
II[b]	6	6.07	1.48	4-8
III[c]	6	6.00	1.20	4-8
Perception of Reality				
I	5	6.03	1.74	3-9
II	5	5.60	1.65	3-9
III	5,6	5.77	1.41	3-9
Perception of Self				
I	5	5.40	1.74	3-8
II	4,5	5.07	1.68	3-8
III	5	5.00	1.45	3-8
Appropriateness of Affect				
I	6	5.71	1.71	3-9
II	5,6,7	5.43	1.61	3-8
III	5,7	5.32	1.49	3-8
Frustration Tolerance				
I	6	5.86	2.05	3-11
II	4,6	5.60	2.06	5-9
III	4	5.54	2.02	3-9
Intellectual Functioning				
I	9	7.09	1.92	3-11
II	9	6.67	1.94	3-9
III	8	6.68	1.67	4-9
Quality of Object Relationships				
I	5	5.54	2.04	3-11
II	5	5.20	1.71	3-9
III	5	5.23	1.44	3-9
Functional Adequacy of Defenses				
I	6	5.80	1.76	3-9
II	6	5.53	1.70	3-9
III	6	5.59	1.40	3-9

TABLE 8.--Distribution of "A-Scale" Client Characteristics--Continued

Client Variable	Distribution			
	Mode	Mean	Standard Deviation	Range
Overall Ego Functioning				
I	6	5.97	1.60	3-9
II	6	5.63	1.59	3-9
III	6	5.73	1.35	4-9
Overall Functional Adequacy of Client's Family				
I	5	5.29	1.34	3-8
II	5	5.16	1.34	3-8
III	5	5.23	1.19	3-7
Overall Adjustive Status				
I	6	5.94	1.63	4-9
II	6	5.70	1.37	4-9
III	6	5.82	1.37	4-9
Intensity of Desire to Resolve Problem				
I	6	6.94	2.20	1-11
II	6	6.65	2.30	1-11
III	6	6.93	1.90	5-11
Participation in Casework Interview				
I	7	6.63	1.40	3-9
II	5,7	6.67	1.46	3-9
III	7	6.45	1.18	5-9
Motivation For Use of Casework				
I	6,7	6.74	1.58	1-11
II	7	6.47	1.57	1-9
III	8	6.59	1.10	5-8

[a]Phase I interviews: N = 35.

[b]Phase II interviews: N = 30.

[c]Phase III interviews: N = 22.

In most instances the average rating is in the fair or mid-range of the A-scale (5, 6, 7). The ratings appear normally distributed for the most part ranging from low (or poor) to high (or good). "Perception of Self" in phase II interviews is bimodal with a majority of clients assessed as poor and low-fair.

Quality of Object Relationships in all phases is positively skewed especially in phase I where the range extends to "Very Good."

Overall Functional Adequacy of the Client's Family is rated with the exception of only 3 interviews as "Poor" and "Fair." Phase II is without a single "Good" rating.

Intensity of the Client's Desire to Resolve the Problem in all phases has the majority of ratings in the moderate (5, 6, 7) to high (8, 9, 10-11) ratings. The range is wide in phases I and II (1-11) while in phase III interviews the lower ratings are not represented (1-4).

The ratings for Client's Participation in the Casework Interview are concentrated in all phases in the "Fair" and "Good" ratings. A single interview in phase I and II is rated as "Poor."

Frustration Tolerance is especially heterogeneous. The majority of ratings in all phases occur within the range of 3-6 (poor to low fair); however, the range is wide.

Intellectual Functioning has the majority of ratings in the high-"Fair" through "Good" range (6-9). The variation is moderate.

An overwhelming majority of the ratings on Motivation For the Use of Casework occur in the "Fair" to "Good" range (5-8). The interviews become more homogeneous relative to phase with ratings in both extremes

tending to decrease.[1]

Variables Not Assessed on Scale A

Socio-Economic Status

The SES score is based upon the "Two-Factor Index of Social Position" method developed by August B. Hollingshead with the modification as described previously.[2]

TABLE 9.--Socio-Economic Status: Measured by the Hollingshead Two-Factor Index of Social Position

Phase	Index of Social Position Score							Total
	11-19 (I)[a]	20-29 (II)	30-39 (III)	40-49 (III)	50-59 (IV)	60-69 (V)	70-77 (V)	
I	1(3%)[b]	4(11%)	3(9%)	18(51%)	6(17%)	3(9%)	0	35
II	1(3%)	3(10%)	2(7%)	15(50%)	6(20%)	3(10%)	0	30
III	0	2(9%)	2(9%)	11(50%)	6(27%)	1(5%)	0	22
Total	2	9	7	44	18	7	0	87

[a]The Roman numerals refer to Hollingshead's "classes." The ISP scores in the columns approximate the "classes." Class III and V cover two columns each. Class I is "high" while class V is "low."

[b]Percent of phase interviews (clients).

The sample is for the most part composed of "middle class" clients. Only one client has a score in the category 11-19 which

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[1]Frequency distribution tables for the 14 client variables assessed on the A-scale are contained in Appendix VI.

[2]Supra, p. 41.

approximates Hollingshead's class I or "upper" class. This client discontinues prior to phase III. None of the clients are scored in the lowest category of 70-77 which represents the extreme of class V. The majority of clients in all phases have a ISP score ranging from 40-49 which represents the lower (in reference to status) extreme of the "middle" class (III). The mean scores for phases I through III are $\bar{x} = 43.9$, $\bar{x} = 44.8$, and $\bar{x} = 45.4$, respectively (lower-middle class, i.e., class III). The mode in all phases is 44.5.

General Intelligence

The caseworkers' estimates of the clients' general intelligence is illustrated in Table 10.

Table 10.--General Intelligence

Phase	General Intelligence					Total
	Defective	Low Average	Average	High Average	Superior	
I	0	1(3%)[a]	20(57%)	11(31%)	3(9%)	35
II	0	2(7%)	16(53%)	10(33%)	2(7%)	30
III	0	0	14(64%)	8(36%)	0	22
Total	0	3	50	29	5	87

[a]Percent of phase interviews (clients).

The median as well as modal rating in all phases is average. It is clear that the sample is fairly homogeneous with clients tending to be average to high-average in general intelligence.

Effect of Environment on Efforts at Problem-Resolution

It will be recalled that this variable measures the caseworkers' assessment of the favorableness or unfavorableness of the clients' environment and, if unfavorable, the modifiability of the environment as related to the problem situation. These ratings are nominal scale data; however, they can be ordered in relation to the dimension ranging from "Unfavorable" to "Favorable"and from "Unmodifiable" to "Modifiable."

TABLE 11.--Effect of Environment on Efforts at Problem-Resolution

Phase	Environment				Total[a]
	Unfavorable/ Unmodifiable	Unfavorable/ Probably Modifiable	Neither Unfav.Nor Favorable	Favorable	
I	2(6%)	7(20%)	13(38%)	12(35%)	34
II	2(7%)	6(21%)	11(38%)	10(34%)	29
III	1(5%)	3(14%)	9(43%)	8(38%)	21
Total	5	16	33	30	84

[a]Several clients did not receive a rating. Percentages are exclusive of such clients.

The median rating in all phases is "Neither Unfavorable Nor Favorable." The modal categories for all phases are "Neither Favorable Nor Unfavorable" and "Favorable." It is of interest that the proportion of clients rated as "Unfavorable" in phase III is less than phase I. This could indicate a higher discontinuance rate for clients with unfavorable environmental situations than for those whose environments are

not unfavorable.[1]

Appropriateness of Goal To Problem Resolution

This variable is assessed along the two dimensions of "Appropriateness" of the client's goal and if inappropriate the "Modifiability" of the goal. In coding the response categories have been ranked from "low" to "high" in reference to service. "Inappropriate/Unmodifiable" is considered "low" while "Highly Appropriate" is considered "high."

TABLE 12.--Appropriateness of Goal

Phase	Appropriateness and Modifiability of Goal						Total
	Highly Inapprop/ Unmodif.	Highly Inapprop/ Modif.	Moder. Inapprop/ Unmodif.	Moder. Inapprop/ Modif.	Moder. Approp.	Highly Approp.	
I	1(3%)	2(6%)	4(11%)	7(20%)	15(43%)	6(17%)	35
II	0	1(3%)	4(13%)	7(23%)	12(40%)	6(20%)	30
III	0	0	3(14%)	6(27%)	9(41%)	4(18%)	22
Total	1	3	11	20	36	16	87

The median and modal rating in all phases is "Moderately Appropriate." The range for phase I interviews extends across all categories while the clients whose goals were assessed as "Highly Inappropriate" have discontinued by phase III.

[1]Ripple, et al., op. cit.

Hopefulness About Problem Resolution

This variable has a potential range from "Little or No Hope" to "High Hope."

TABLE 13.--Hopefulness About Problem Resolution

Phase	Degree of Hope			Total[a]
	Little or No Hope	Moderate Hope	High Hope	
I	10(33%)	20(67%)	0	30
II	8(32%)	17(68%)	0	25
III	5(28%)	13(72%)	0	18
Total	23	50	0	73

[a]Several clients did not receive a rating.

No client was rated as "high" on the "hope" variable. The modal rating is "Moderate Hope" although a large number of clients received a rating of "Little or No Hope." Clients with this latter rating seemed to discontinue at a slightly higher rate than those with the moderate rating.

Discomfort In The Problem Situation

This variable was rated from a low of "None" to a high of "Severe" discomfort.

TABLE 14.--Discomfort in the Problem Situation

Phase	Degree of Discomfort				Total[a]
	None	Mild	Moderate	Severe	
I	0	4(12%)	12(36%)	17(52%)	33
II	0	4(14%)	10(36%)	14(50%)	28
III	0	2(10%)	8(40%)	10(50%)	20
Total	0	10	30	41	81

[a]Two clients did not receive a rating.

The mode for all phases is "Severe" discomfort. No case is rated as having "no" discomfort. The range for all phases is from "Mild" to "Severe."

Reaction to Discomfort of Problem

The ratings on this variable are ordered from a low of "runs away from the problem" to a high of "copes realistically with the problem."

TABLE 15.--Reaction to Discomfort of Problem

Phase	Reaction to Discomfort of Problem				Total[a]
	Runs Away	Immobilized	Lashes Out	Attempts to Cope With Problem	
I	7(23%)	3(10%)	13(43%)	7(23%)	30
II	6(24%)	3(12%)	11(44%)	5(20%)	25
III	2(13%)	3(18%)	8(47%)	4(24%)	17
Total	15	9	32	16	72

[a]Several clients did not receive a rating.

The modal category for client reaction to the problem situation is "Rebels, lashes out at people/circumstances." The range of the ratings, however, includes all four categories.

Feeling Toward Caseworker

Table 16 illustrates the distribution of these ratings.

TABLE 16.--Clients' Feeling Toward Caseworker

Phase	Feeling Toward Worker					Total
	Strongly Negative	Moderately Negative	Neither	Moderately Positive	Strongly Positive	
I	1(3%)	1(3%)	14(40%)	17(49%)	2(6%)	35
II	1(3%)	1(3%)	12(40%)	14(47%)	2(7%)	30
III	0	1(5%)	10(45%)	9(41%)	2(9%)	22
Total	2	3	36	40	6	87

The median rating in phase I and II is "Moderately Positive" while the phase III median is "neither negative nor positive." The modal ratings tend to be "neither negative nor positive" and "Moderately Positive." The range for phase I and II includes all ratings while phase III is without a client rated as "Strongly Negative."

Attitude Toward Helpfulness of Service

This variable allows for 5 gradations on a scale of "pessimism-optimism" in relation to the clients' feelings about the helpfulness of casework service (as assessed by the caseworker).

TABLE 17.--Attitude Toward Offer of Service; Helpfulness of Service

Phase	Attitude About Helpfulness					Total[a]
	Very Pessimistic	Moderately Pessimistic	Unsure About Helpfulness	Moderately Optimistic	Very Optim.	
I	1(3%)	1(3%)	21(62%)	11(32%)	0	34
II	1(3%)	0	18(62%)	10(35%)	0	29
III	0	0	16(76%)	5(24%)	0	21
Total	2	1	55	26	0	84

[a]Several clients did not receive a rating.

The median and modal category for all phases is "Unsure About Helpfulness" of service offered. The phase I and II range includes ratings from "Very Pessimistic" to "Moderately Optimistic" while phase III includes only the two ratings of "Unsure" and "Moderately Optimistic." In no case is a case given the rating of "Very Optimistic."

Nature of the Problem

This variable presented several problems for coding. The caseworkers were instructed to indicate their assessment of the "nature" of the problem. They were permitted to select a maximum of two major problems. As a result the categories are not mutually exclusive. Since one of the criterion for case inclusion in the project was the presence of a problem in family relationships the nature of the major problem is predetermined. However, we can distinguish between marital and parent-child relations as major problem areas. Frequently both were indicated by the caseworker as major problem areas. The writer decided to develop

three categories: (1) marital relations (may or may not include parent-child relations); (2) parent-child relations (only in the absence of marital relations as a problem); (3) emotional distress in family member or deviant behavior (only indicated if a major problem in the area of marital relations or parent-child relations was absent).[1]

TABLE 18.--Nature of Problem

Phase	Problem Area			Total
	Marital Relation	Parent-Child Relations	Emotional Distress in Family Member	
I	25(71%)	7(20%)	3(9%)	35
II	22(73%)	6(20%)	2(7%)	30
III	15(68%)	5(23%)	2(9%)	22
Total	62	18	7	87

Only seven interviews were included where the marital relationship or parent-child relationship were not seen as major problem areas. It is clear that while interviews where the primary problem was assessed to be a parent-child relationship (non-marital) are well represented, the primary problem area is "marital relationships" (which could also include "parent-child relationship" problems).

Cause of Problem

The caseworkers made a single assessment on this variable failing

[1]Column 58 on the code sheet provided for coding of a second major problem. This was not able to be used in data analysis.

to distinguish between spouses. The two categories of: (1)"clients own behavior and attitude" [as cause of problem], and, (2) "behavior and attitudes of spouse" [as cause] were indistinguishable. It might be argued that for the type of problem situation involved the two could be considered as a single category. Table 19 presents the distributions on this variable consolidating the two categories into a single grouping, "Behavior and Attitudes of Either Spouse."

TABLE 19.--Cause of Problem

Phase	Cause of Problem			Total
	Behavior and Att. of Either Spouse	Behavior and Att. of Children	Other	
I	31(88%)	3(9%)	1(3%)	35
II	28(94%)	1(3%)	1(3%)	30
III	21(95%)	1(5%)	0	22
Total	80	5	2	87

The category of "Other" was not examined. It is clear that while the cause of the problem is viewed as "The Behavior and Attitudes of the Children" in five interviews the overwhelming majority of interviews are with clients where the cause of the problem is viewed as the "Behavior and Attitudes of Either Spouse."

Recency of Origin of Current Problem

This variable was without variation. All case were judged by the caseworker to be "Long Standing" problems (more than six months duration).

Clients' Treatment Goal

This variable was originally considered for inclusion as a client variable. As a result it was coded. However, due to unforeseen coding problems this variable was later eliminated from further analysis.[1]

Gross Clinical Diagnosis

As discussed previously this variable represents the caseworkers' assessment of the clinical diagnosis. The ratings are approximate only. The results of the tabulation of this variable as coded from the CMP-II schedule resulted in 31 of the 35 clients classified as "character disorder;" 2 of the 35 classified as "neurotic" and, 2 of the 35 classified as "deviating in the direction of psychosis." As a result of this lack of sufficient deviation, clinical diagnosis was not included in further analysis.[2]

The distributions of the 28 client variables have been examined. Three of these variables were found to be extremely homogeneous: (1) the cause of the problem; (2) recency of origin of the problem situation; and, (3) clinical diagnosis. In addition, "client goal in treatment was found to be unusable due to coding ambiguities. The remaining 24 client variables seem sufficiently heterogeneous to justify inclusion in further analysis.

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[1]The ratings were overlapping, and multiple.

[2]A masters student project under the writer's guidance developed a schedule to further refine this variable and submitted it to the caseworkers in an attempt to arrive at a more highly defined clinical diagnosis. For the results of this project see: Jacqueline Furnari, et al., "Casework Treatment Techniques and Clinical Diagnosis: A Study of Their Relationship in the Casework Interview," unpublished Masters thesis, School of Social Work, Adelphi University, May, 1967.

IV. ANALYSIS OF THE TREATMENT PROCEDURES

Coding Reliability

Training

Prior to data collection several months were specified for learning the Hollis' typology and adapting it to the analysis of tape recordings. Since the system had been developed for use with written material, such as process or tapescript recordings, the writer learned to code, first, from written process recordings, and later from tapescripts.[1]

During the training period all major categories and all subcategories of the coding system were used although only the major categories and the context categories of D would be coded in the study. Every coding was compared for agreement with that of the Hollis' judge.

During the last days of training[2] 15 process recorded interviews were judged and compared with the Hollis' ratings. Every coding act was compared act for act (judgment for judgment). Only those categories that were to be used in the study were included in the analysis (major categories and the context categories of D). Table 20 illustrates the act-by-act percentage agreement between the writer's codings and the

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[1]This was a period of frequent interchange between Dr. Hollis and the writer concerning problems encountered in reference to learning the system. All of the process recordings used for training were part of Dr. Hollis' study and most had been checked by Dr. Hollis, if not entirely coded by her.

[2]March 20, 1966 through March 31, 1966.

codings assigned each line of the process material by Hollis.

TABLE 20.--Interjudge Percentage Agreement During Training on Process Recording[a]

Date	Act-by-Act Percentage Agreement	Date	Act-by-Act Percentage Agreement	Date	Act-by-Act Percentage Agreement
3-20-66	78%	3-28-66	73%	3-30-66	65%
3-22-66	59	3-28-66	75	3-30-66	75
3-24-66	53	3-28-66	80	3-31-66	61
3-24-66	80	3-29-66	70	3-31-66	80
3-28-66	71	3-30-66	88	3-31-66	80

[a]Computed over 11 categories

Agreement refers to exact placement in the same subcategory as well as major category. The median act-by-act percentage agreement over the 15 interviews is 75% with a range of 53% to 88%. The median for the first 5 interviews is 71% with a range of 53% to 80%. The median agreement for the second 5 interviews is 75% with a range of 70% to 80%. The median for the last 5 interviews is 75% with a range of 61% to 80%.

While ideally the next step would be to investigate reliability directly using tape recordings, the lack of previous use of the typology with tapes ruled this out. However, a student project working with Dr. Hollis had previously coded a series of tapescripts. Four of these were coded by the writer. The results were then compared with those of the Master's student. Table 21 summarizes the interjudge agreement on the 4 tapescripts.

TABLE 21.--Interjudge Agreement During Training on Tapescripts

Date	Independ. Clauses N	Agreement	
		rho[a]	Act-by-Act Percentage Agreement
4-6	169	.81[b]	76%
4-11	197	.83[c]	70
4-12	134	.85[c]	67
4-12	174	.79[b]	78

[a]Spearman rank correlation coefficient: r_s, computed over 11 categories.

[b]$p < .005$, one-tailed.

[c]$p < .0005$, one-tailed.

As Table 21 illustrates the median act-by-act agreement between the writer and the student was 73% with a range of 67% to 78% over four interviews. Again, this represents agreement to the subcategory. In addition, the statistic rho (r_s) was used to measure the degree of agreement between the two judges in reference to the rank ordering of the procedure frequencies based on the marginal totals. Interview profiles of the treatment procedures based on marginal totals were computed and ranked. Rho was then calculated as a measure of agreement between the rank ordering of the procedures by the two judges.[1] Eleven

[1]Sidney Siegel, Nonparametric Statistics For The Behavioral Sciences (New York: McGraw-Hill Book Co., Inc., 1956).

categories were ranked including the 5 major categories (A, B, C, D, E, F) and the 6 context categories of D.[1] The median rho for these 4 interviews was $r_s = .82$ with a range of $r_s = .79$ to $r_s = .86$.

In terms of percentage agreement act-by-act, the results of the tapescript agreement are similar to the process agreement. The median act-by-act agreement on the process material was 75% and the median on the tapescript material was 73%.

The degree of agreement at this point appears to have reached a maximum in relation to the stability of the rate over a period of nearly 4 weeks. Since the rate of agreement appeared acceptable, the writer felt prepared to begin collecting data directly from tape recordings.

Adaptation to Tape Recordings

In the process of adaptation of the classification to taped interviews procedures, rules, or conventional usage pertaining to written material as developed and specified by Hollis were adhered to as fully as possible to maintain the integrity of the system. Changes were made only when necessary as a result of the changed data source. The necessary modifications were few and minor.

The unit of classification is the independent clause.[2] While in

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[1] In other words, for each interview the number of clauses are tabulated for each of the 11 procedures. These totals are then ranked from 1 to 11 for each interview. The rankings arrived at by the two judges are compared using rho. This type of ranking procedure is used whenever rho is computed in the following analysis.

[2] Webster defines the independent clause as "not subordinate; main," see Webster's Collegiate Dictionary (2d ed.; Springfield, Mass.: G. & C. Merriam Co., Publishers, 1946), p. 509. Following reference is frequently to the "clause" or "sentence." "Independent clause" is understood.

written material the unit is normally a written line as a result of the varied qualifications the actual unit in the coding of written material approximates the independent clause. Other rules and conventions in reference to adaptation of the system to tapes are contained in Appendix II. Generally, other than the minor modifications described in the appendix, coding rules remained similar to those of Hollis.

Intrajudge Reliability

In order to assess the stability of the writer's codings the first 5 taped interviews were coded and procedure profiles in terms of marginal frequencies were computed. Following completion of the first 5 taped interviews these same tapes were recoded by the writer and profiles were computed based upon marginal frequencies. A comparison was made between the codings at time 1 and the codings at time 2 for each of the 5 interviews. Thirteen procedures including the major categories, the 6 context categories and the categories of cc and U were included. The categories were ranked from 1 to 13 and the statistic rho was computed between the time 1 rankings and the time 2 rankings.

TABLE 22.--Intrajudge Reliability: First Five Tapes Coded

Interview	Clauses N[a]	rho[b]
1	174	.95
2	304	.98
3	112	.95
4	406	.95
5	222	.90

[a] Larger of 2 codings, 13 categories.

[b] $r_s = .68$, necessary for $p = .01$, one-tailed.

As Table 22 illustrates the profiles were similar in terms of the rank order comparison of marginals as seen at time 1 and 2 with a median $r_s = .95$ and a range of $r_s = .90$ to $r_s = .98$.

To continue the assessment of coding stability over time, following every tenth interview the fifth of that series was recoded and a comparison between time 1 and time 2 was made. Eight interviews were recoded in this manner. One method of comparison was similar to the ranking of marginals as described above. Thirteen categories including cc and U were ranked. The time 1 profile was compared with the time 2 profile by means of rho.

TABLE 23.--Intrajudge Reliability: Stability Over 87 Interviews: Rho

Interview	Clauses N[a]	rho[b]
1	99	.94
2	170	.83
3	92	.93
4	167	.89
5	141	.89
6	163	.84
7	87	.97
8	99	.90

[a]Larger of two codings including 13 categories.

[b] r_s = .68, necessary for p = .01, one-tailed.

As Table 23 illustrates the median r_s = .90. The range is r_s = .83 to r_s = .97. This is an indication of the similarity of the rank ordering of the 13 categories between times 1 and 2.

A somewhat more refined method of analysis is an assessment of the proportional differences in the use of each category during each interview contrasting the time 1 proportions with the time 2 proportions.[1] It will be recalled that the category proportion represents the proportion of the total clauses in an interview placed within a particular category. Table 24 illustrates this data.[2]

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[1]See: Nancy E. Waxler and Elliot G. Mishler, "Scoring and Reliability Problems in Interaction Process Analysis: A Methodological Note," Sociometry, XXIX, No. 1 (March, 1966).

[2]Since one of the 8 reliability interviews had been coded using a different tape recorder several technical problems were encountered prohibiting comparison between time 1 codings and time 2 codings beyond the computation of rho. As a result it was excluded from further

TABLE 24.—Intrajudge Reliability: Marginal Differences Between Time 1 and 2

Treatment Procedure	Interview																							
	1			2			3			5			6			7			8					
	t_1[a]	t_2	d[b]	t_1	t_2	d	t_1	t_2	d	t_1	t_2	d	t_1	t_2	d	t_1	t_2	d	t_1	t_2	d			
A	.09	.08	.01	.02	.02	.00	.06	.04	.02	.02	.02	.00	.04	.07	.03	.02	.02	.00	0	0	0			
B	.06	.06	.00	.01	.01	.00	.06	.04	.02	.02	.02	.00	.15	.17	.02	.05	.06	.01	0	.01	.01			
C	.78	.82	.04	.29	.29	.00	.34	.39	.05	.44	.45	.01	.16	.24	.08	.71	.68	.03	.27	.30	.03			
cc	.03	0	.03	.01	.01	.00	.08	.08	.00	.01	.01	.00	.01	.01	.00	.03	.03	.00	.01	.01	.00			
Da	0	0	0	.47	.50	.03	.20	.22	.02	.26	.26	.00	.15	.12	.03	.10	.10	.00	.23	.23	.00			
Db	0	0	0	.07	.05	.02	.10	.06	.04	.05	.02	.03	.17	.07	.10	.05	.05	.00	.11	.21	.10			
Dc	.03	.04	.01	.03	.00	.03	.07	.14	.07	.02	.03	.01	.15	.24	.09	.02	.02	.00	.18	09	.09			
Dd	0	0	0	.08	.10	.02	.02	.01	.01	.03	.05	.02	.04	.04	.00	.03	.03	.00	.09	.10	.01			
Dg	0	0	0	0	.01	.01	0	0	0	0	0	0	.02	.01	.01	0	0	0	.08	.04	.04			
Du	0	0	0	0	0	0	.07	.01	.06	.14	.14	.00	.11	.03	.08	0	0	0	.02	.01	.01			
E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	.02	.02	0	0	0			
F	0	0	0	.02	.02	0	0	0	0	0	0	0	0	0	0	0	0	0	.01	0	.01			
Total Differences			.09			.11			.29			.07			.44			.06			.30			

[a] t_1 = time 1; t_2 = time 2.

[b] Difference between time 1 and time 2 in marginal proportions.

Table 24 illustrates the marginal differences per treatment category on each of the interviews contrasting time 1 codings with those at time 2. Each row represents one of the 12 treatment categories. Each column represents an interview. The use of a procedure during a particular interview is given in terms of the proportion of clauses of that type. The "d" column represents the difference between the marginals at time 1 and time 2 for a particular treatment category. The sum of each "d" column represents the proportion of clauses placed in a different category at time 2 than at time 1.[1] The median proportion of clauses placed in a different category at time 2 is .11 with a range of .07 to .44. Much of the discrepancy appears to occur within the context categories of D. For example, while 44% of the clauses in interview #6 were recoded in a different category at time 2, 31% of this variation is due to recoding within the major category D. In other words, 31% of the discrepancy is due to a change of context category rather than major category. This method of analysis seems most relevant when the data entering into the final analysis are marginal proportions as in this study.[2]

While the data above indicate differences within a single

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reliability analysis. The remaining analysis is based on 7 interviews. In addition the category of "Unclassifiable" or "U" was excluded from analysis for self-evident reasons reducing the number of categories to 12. In addition only clauses coded by the judge at both t^1 and t^2 were included since no comparison could be made unless two judgments were present.

[1]Clauses may have received different codings. However, the differences effecting marginals are implied in this method of analysis.

[2]See: Waxler and Mishler, op. cit.

interview in the marginals of any particular category, in order to further evaluate the stability of each treatment category over time the 7 interviews were collapsed. Clause frequencies over the 7 interviews were summed. Each category frequency over the 7 interviews was summed. The proportionate number of clauses per category was then computed. This procedure was followed for both the time 1 and 2 interviews. Marginal differences for each category were found and summed. The resulting differences indicate the proportional variation in the use of each category as well as total discrepancy over all categories between time 1 and time 2. In addition, the overall proportions can be arranged in profiles representing time 1 and another representing time 2. These profiles can be ranked and agreement between the time 1 rankings and time 2 rankings computed by means of rho.

TABLE 25.--Intrajudge Variation in the Proportionate Use of the Procedure Categories: Marginal Differences[a]

Treatment Procedure Category	Marginals				Proportionate Differences Between Marginals
	T_1[b]		T_2[b]		
	Proportion	N[c]	Proportion	N[c]	
A	.03	24	.03	26	.00
B	.05	37	.06	42	.01
C	.39	291	.42	310	.03
cc	.02	17	.02	14	.00
Da	.23	170	.23	172	.00
Db	.08	62	.06	47	.02
Dc	.07	54	.08	61	.01
Dd	.05	35	.05	39	.00
Dg	.01	10	.01	7	.00
Du	.05	40	.03	22	.02
E	.00	0	.00	1	.00
F	.01	4	.00	3	.01
Totals	.99	744	.99	744	.10

[a] N = 7 interviews; 12 categories; exclusive of sentences not coded at both T_1 and T_2.

[b] T_1 = time 1; T_2 = time 2.

[c] Number of clauses coded.

Very little discrepancy appears as a result of this comparison of overall marginals. The largest discrepancy occurs in categories C, Db, and Du; however, these are quite small. Six categories show identical overall marginals. The overall marginal discrepancy is 10%. When rho is used as a measure of rank order agreement we find almost identical profiles between time 1 and time 2, $r_s = .97$.

A final method used to assess intrajudge reliability over time is an act-by-act (clause-by-clause) comparison of agreement between time 1 and time 2. Since the odometer on the tape recorder had been used to identify each coded statement a comparison between time 1 and time 2 codings act-by-act was possible. This form of agreement is reported in several ways. The actual percent of agreement is given for each interview. This percentage represents judgment for judgment agreement to the subcategory.

TABLE 26.--Intrajudge Reliability: Act-By-Act Percentage Agreement[a]

Interview	Clauses N	Act-By-Act Percentage Agreement
1	93	94%
2	157	88%
3	87	80
5	117	90
6	136	80
7	63	95
8	91	76

[a] N = 7 interviews; 12 categories; exclusive of clauses not coded at both times.

As Table 26 illustrates, percentage agreement on a clause basis ranges from 76% to 96% with a median of 88%. Out of 1638 judgment acts (two judgments for each clause) approximately 88% were in agreement to the subcategory.

With the marginals as given a certain percentage agreement is expected by chance. In order to assess the percentage agreement beyond or exclusive of chance a k value was computed for each interview and for each treatment category. Table 27 gives the k value and number of clauses for each category in every interview. Also given is the k value for each interview and the k value for each category summed over interviews.[1]

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[1]Cohn, op. cit.; supra, p. 66. The coefficient of agreement k has been used similarly by Waxler and Mishler, see: Waxler and Mishler, op. cit.

TABLE 27.--Intrajudge Reliability: Act-By-Act Percentage Agreement Excluding Chance: k Values[a]

Interview	Procedure A k[a]	N[b]	B k	N	C k	N	cc k	N	Da k	N	Db k	N	Dc k	N	Dd k	N	Dg k	N	Du k	N	E k	N	F k	N	Interview k[a]
1	.86	8	1.00	6	.76	76	.00	3	-	0	-	0	.74	4	-	0	-	0	-	0	-	0	-	0	.84
2	1.00	3	.50	2	.88	45	1.00	2	.88	79	.52	11	.00	5	.64	15	.00	1	-	0	-	0	.66	3	.83
3	.79	5	.79	5	.78	34	1.00	7	.80	19	.29	9	.38	12	.50	2	-	0	.15	6	-	0	-	0	.75
5	1.00	2	1.00	2	.90	53	1.00	1	.91	31	.48	6	.23	4	.66	6	-	0	.73	17	-	0	-	0	.86
6	.54	9	.80	23	.60	33	1.00	1	.78	21	.35	23	.49	32	.83	6	.67	3	.25	15	-	0	-	0	.71
7	1.00	1	.74	4	.86	45	1.00	2	1.00	6	1.00	3	.00	1	1.00	2	-	0	-	0	.00	1	-	0	.90
8	-	0	.00	1	.90	27	1.00	1	.75	21	.29	19	.38	16	.76	9	.55	7	.50	2	-	0	.00	1	.70
Procedure k[a]	.78	(28)	.79	(43)	.81	(313)	.82	(17)	.85	(177)	.39	(71)	.40	(74)	.71	(40)	.53	(11)	.44	(40)	.00	(1)	.49	(4)	

Stability Rank[c]												
8	9	10	11	12	2	3	7	6	4	1	5

[a] k values computed as follows: $k = \frac{p_o - p_c}{1 - p_c}$; p_o = the proportion of units in which the judgments agree; p_c = the proportion of units for which agreement is expected by chance. See Cohn, op. cit.

[b] Number of sentences on which k is based.

[c] Ranking of 12 procedure k's from low to high.

The median k value over these 7 interviews is k = .79 with a range of k = .70 to k = .90. In other words, exclusive of the agreement expected by chance with the given marginals the average act-by-act agreement was 79% with a range from 70% to 90%.

Of great interest is the stability of judgments within each category. As illustrated the categories differ considerably. The median treatment procedure k value is k = .62 with a range of k = .00 to k = .85. Due to the small number of observations in several of the categories this method of analysis can be misleading. The 12 categories can be ranked from low to high in terms of their k values. The last row, "Stability Rank," contains this ranking. Again, the small number of observations in some categories can be quite misleading if only the k value is taken into account. In order to avoid this the number of clauses involved in each cell must be considered. In sum, 819 sentences or 1638 judgments were involved in this method of analysis.

Interjudge Reliability

While ideally it would be desirable to have a certain number of taped interviews coded by a second judge with training and experience in casework, the lack of resources made this prohibitive.[1] The second year Master's student who had judged the tapescripts agreed to act as a second judge for a limited number of interviews. While the lack of experience in casework practice was expected to deflate the actual agreement, comparison seemed worthwhile.

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[1]Perhaps 10%.

Prior to initiation of data collection one tape was selected and coded independently by both judges. This interview is designated as interview #1 in the following analysis. Ten additional tapes were selected to be recoded. These were selected randomly from the study sample already coded by the writer. Only the first 6 were actually recoded. Combining the tape that was judged initially with the 6 sample tapes, there are a total of 7 coded by two judges. The same methods of analysis used to assess intrajudge agreement were used to assess interjudge agreement. Table 28 illustrates the rank order agreement between the profiles of category marginals.

TABLE 28.--Interjudge Reliability: Marginal Rankings[a]

Interview	Clauses N[b]	rho[c]
1	216	.92
2	220	.79
3	127	.80
4	103	.65
5	141	.97
6	162	.51
7	151	.76

[a] Over 13 categories.

[b] Larger of two codings.

[c] $r_s = .48$, $p < .05$, one-tailed; $r_s = .68$, $p < .01$, one-tailed.

The median is $r_s = .79$ with a range of $r_s = .51$ to $r_s = .97$. Rho is computed over 13 categories including the 5 major categories, the 6 subcategories of D, cc and U.

Table 29 summarizes the interjudge reliability in terms of marginal proportions. The proportion of clauses coded in each procedure category in each interview by the two judges is given. This method of assessing interjudge reliability is perhaps the most relevant to the study since it is the marginal proportions that enter into data analysis.[1]

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[1] Waxler and Mishler, op. cit.

TABLE 29.--Interjudge Reliability: Marginal Differences Between Judge 1 and Judge 2

Treatment Procedure	Interview																				
	1			2			3			4			5			6			7		
	J_1[a]	J_2	d[b]	J_1	J_2	d	J_1	J_2	d	J_1	J_2	d	J_1	J_2	d	J_1	J_2	d	J_1	J_2	d
A	.04	.04	.00	0	.02	.02	.02	.05	.03	.02	.02	.00	0	.01	.01	.04	.04	.00	.01	.01	.00
B	.01	.01	.00	.02	.03	.01	.02	.04	.02	.01	.08	.07	.01	0	.01	.06	.04	.02	.01	.01	.00
C	.25	.27	.02	.25	.40	.15[c]	.63	.42	.21	.47	.54	.07	.23	.37	.14	.36	.51	.15	.82	.75	.07
cc	0	0	0	.04	.04	.00	.04	.04	.00	.04	.04	0	.15	.14	.01	.02	.05	.03	.02	.03	.01
Da	.02	.17	.05	.20	.16	.04	.13	.22	.09	0	0	0	.43	.35	.08	.30	.25	.05	.06	.12	.06
Db	.06	.03	.03	.07	.06	.01	.07	.04	.03	.01	0	.01	.09	.09	.00	.11	0	.11	.03	0	.03
Dc	.23	.17	.06	.09	.08	.01	.04	.07	.03	.18	.21	.03	.02	.01	.01	.02	.08	.06	.01	.01	.00
Dd	.15	.18	.03	.06	.04	.02	.03	.04	.01	.06	.02	.04	.04	.02	.02	.04	.03	.01	.05	.06	.01
Dg	0	.02	.02	0	0	0	0	.04	.04	0	.01	.01	0	0	0	.01	0	.01	0	0	0
Du	.04	.05	.01	.05	.09	.04	.03	.02	.01	.19	.04	.15	.04	.03	.01	0	0	0	0	0	0
E	.02	.02	.00	.06	.03	.03	0	0	0	0	.02	.02	0	0	0	0	0	0	0	0	0
F	.07	.02	.05	.17	.04	.13	0	0	0	0	0	0	0	0	0	.04	.01	.03	.01	.01	0
Total Differences			.27			.46			.47			.40			.29			.47			.18

[a] J_1 = judge 1 (writer); J_2 = judge 2 (student).

[b] Difference between judge 1 and judge 2 in marginal proportions.

[c] Largest proportional differences are underlined.

The median marginal proportionate discrepancy per interview is 40% with a range of 18% to 47%. Most of the discrepancy appears to be due to one or at most two categories within any one interview. Category C in 4 of the 7 interviews accounts for a large proportion of the discrepancy.

To contrast variation in the use of the procedure categories by the two judges overall proportions are computed for each category as explained in reference to intrajudge reliability. Proportional differences are then computed between the marginal proportions of judge 1 and the marginal proportions of judge 2. Differences between the marginals per category are then summed to arrive at the proportion of clauses where coding discrepancies occur based on overall marginal differences. Agreement in terms of rank ordering of the categories is assessed by means of rho.[1]

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[1] Waxler and Mishler, op. cit.

TABLE 30.--Interjudge Variation in the Proportionate Use of the Procedure Categories: Marginal Differences[a]

Treatment Procedure Category	Marginals						Proportionate Differences Between Marginals
	Judge 1			Judge 2			
	Proportion	R[b]	N[c]	Proportion	R	N	
A	.02	2	16	.03	5	27	.01
B	.02	3	18	.03	5	26	.01
C	.41	12	390	.46	12	433	.05
cc	.04	5.5	36	.04	7.5	40	.00
Da	.18	11	171	.18	11	175	.00
Db	.07	9	63	.03	5	31	.04
Dc	.08	10	80	.08	10	81	.00
Dd	.06	7.5	61	.06	9	60	.00
Dg	.00	1	1	.01	2	10	.01
Du	.04	5.5	39	.04	7.5	34	.00
E	.02	3	16	.01	2	12	.01
F	.06	7.5	52	.01	2	14	.05
Total	1.00		943	.98		943	.18

[a] N = 7 interviews; 12 categories; exclusive of clauses not coded by both judges.

[b] Rank.

[c] Number of clauses coded.

As Table 30 illustrates the proportionate difference on any one category is quite small. The mean proportionate difference is $\bar{X} = .015$ per category with a range of .000 to .050. The cumulative difference amounts to 18% of the clauses classified differently by the two judges based upon marginal totals over the 7 interviews. Five of the categories have exactly the same marginals. Only 3 categories differ more than 1% (C, Db, F). Judge 2 used C more and Db and F less than judge 1. The rank order correlation between the two profiles is $r_s = .77$ ($p < .01$, one-tailed).

The proportionate number of clauses coded similarly by the two judges is summarized in Table 31. Only those clauses where each judge classified the unit in a category other than U are included in this analysis. The percentages represent agreement to the subcategory.

TABLE 31.--Interjudge Agreement: Act-By-Act Percentage Agreement[a]

Interview	Clauses N	Act-By-Act Percentage Agreement
1	164	57
2	198	57
3	112	64
4	77	71
5	109	82
6	141	57
7	142	79

[a] N = 7 interviews; 12 categories; exclusive of clauses not coded by both judges.

As Table 31 illustrates the median agreement between judge 1 and judge 2 on a clause-by-clause basis is 64% with a range of 57% to 82%. Again, this is exact agreement to the subcategory.

A k value has been computed for the same data and is summarized in Table 32.[1]

As Table 32 on the following page illustrates, the median k value over these 7 interviews is k = .48 with a range from k = .42 to k = .76. In other words, exclusive of the agreement expected by chance with the given marginals the average act-by-act agreement was 48% with a range from 42% to 76%. The median treatment procedure k value is k = .38 with a range of k = .00 to x = .82. The categories can be ranked from low to high in relation to the k values as an indicator of interjudge agreement per category. The category with the highest degree of agreement is cc (k = .82) and the category with the least agreement is "Dg" (k = .00). The category k value should be interpreted in relation to the number of clauses actually observed in that category which in some cases is extremely small.

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[1] Waxler and Mishler, op. cit.

TABLE 32.--Interjudge Reliability: Act-By-Act Percentage Agreement Excluding Chance: k Values[a]

Procedures																								Inter-view
A		B		C		cc		Da		Db		Dc		Dd		Dg		Du		E		F		
k[a]	N[b]	k	N	k	N	k	N	k	N	k	N	k	N	k	N	k	N	k	N	k	N	k	N	k
.66	6	.50	2	.59	45	-	0	.31	28	.48	10	.40	38	.37	30	.00	4	.35	8	.74	4	.23	12	.49
.00	5	.32	6	.43	80	1.00	7	.54	39	.39	14	.22	18	.52	11	-	0	.42	18	.21	6	.15	33	.48
.32	6	.18	5	.34	71	1.00	4	.40	25	.21	8	.35	8	.59	5	.00	5	.33	3	-	0	-	0	.48
1.00	2	.15	6	.64	42	.66	3	-	0	.00	1	.69	16	.18	5	.00	1	.17	15	.00	2	-	0	.58
.00	1	.00	1	.51	40	.93	16	.71	47	.56	10	.50	2	.49	4	-	0	.74	4	-	0	-	0	.76
.50	6	.22	8	.73	72	.42	7	.49	42	.00	16	-.02	11	-.03	6	-	0	-	0	-	0	.17	6	.42
1.00	1	.00	2	.44	116	.74	4	.12	17	.00	4	.00	2	.60	8	-	0	-	0	-	0	1.00	1	.45
iure																								
.47(27)		.22(30)		.46(466)		.82(41)		.46(198)		.28(63)		.34(95)		.40(69)		.00(10)		.35(48)		.48(12)		.19(52)		
Agreement Rank[c]																								
10		3		8.5		12		8.5		4		5		7		1		6		11		2		

[a] k values were computed as discussed previously, see supra, p.105; also, Cohn, op. cit.

[b] Number of clauses on which k is based.

[c] Ranking of 12 procedure k's from low to high.

The interjudge and intrajudge agreement in relation to the treatment procedure k values are compared in Table 33.

TABLE 33.--Comparison of Intrajudge and Interjudge Reliability Per Treatment Category: k Values

Treatment Procedure Category	Reliability				Combined Rank[b]
	Intrajudge		Interjudge		
	k Value	Rank[a]	k Value	Rank[a]	
A	.78	8	.47	10	9
B	.79	9	.22	3	6.5
C	.81	10	.46	8.5	10
cc	.82	11	.82	12	12
Da	.85	12	.46	8.5	11
Db	.39	2	.28	4	1
Dc	.40	3	.34	5	4
Dd	.71	7	.40	7	8
Dg	.53	6	.00	1	2.5
Du	.44	4	.35	6	5
E	.00	1	.48	11	6.5
F	.49	5	.19	2	2.5

[a] The k values are ranked from 1 (lowest agreement) to 12 (highest agreement).

[b] The Combined Rank is the ordering of the arithmetic means of the ranks of the two k values. This results in an indicator of the average stability of the 12 categories.

Table 33 illustrates that in both groups of rankings Db, Dc, Du, Dg, and F are the least stable (rank of 6 or lower) while A, C, cc, Da, and Dd are the most stable (rank of 7 or more). Procedures B and E are low on one ranking and high on the other ranking. In the third column

the two rankings have been averaged and ranked from low agreement to high agreement. Using this approach we find that the most stable categories are cc, Da, C, A, and Dd, respectively, while the least stable are Db, Dg, F, Dc, Du, E and B, respectively.

The reliability as discussed seems adequate for the purposes of the study. As the analysis indicates the clause-by-clause agreement is moderate. While it is of interest to assess the interview and individual procedure reliability in a variety of ways the essential question in this study is how reliable are the marginal proportions. Data analysis is based exclusively on the marginal proportions. As discussed the marginal proportions are highly reliable both in terms of stability over time and agreement between judges. The reliability of the categories will be substantiated if predicted associations and differences are found in later analysis.

Treatment Procedure Profiles

The following examination of the distribution of treatment procedures in this sample of 87 interviews serves two purposes. First, the study hypotheses assume that all of the procedures examined do occur in this sample and in addition that there is significant variation in the use of each. The independent variables (client characteristics, prescription, phase, caseworker) are hypothesized to account for a significant amount of that variation. If any of the procedures occur rarely or without variation the corresponding hypotheses could not be adequately tested. Secondly, the writer assumes that there is descriptive value in the discussion of the casework process as examined.

Table 34 summarizes the total number of caseworker interventions and clauses coded in the 87 sample interviews specifying in addition the number that were unable to be classified.

TABLE 34.--Total Interventions and Clauses Coded: 87 Interviews

Treatment Procedure Category	Worker Interventions		Worker Clauses	
	Frequency	Mean Per Interview	Frequency	Mean Per Interview
Classifiable[a]	9549(.942)[c]	109.76	16,533(.966)	190.03
Unclassifiable[b]	592(.058)	6.80	592(.034)	6.80
Total	10,141	116.56	17,125	196.83

[a] Classifiable includes all of the procedure categories (12).

[b] Unclassifiable includes statements categorized as "U" due primarily to inaudibility.

[c] Proportion of total.

Unfortunately, the writer is unaware of other published studies in casework that have determined the number of caseworker interventions or statements directly from live process recordings that would permit comparison.[1] The mean clause frequency per intervention in this sample

[1] The previous work of Hollis although related is not directly comparable since it was based primarily upon written process material. There are at least two studies in progress whose results will be highly related: (1) Helen Pinkus, Columbia University School of Social Work, DSW dissertation in progress; (2) The Casework Methods Project of the Community Service Society, op. cit. Tentative results of the CMP are similar to the distribution in this sample of interviews (although the CMP coding system is based upon the CSS typology it is comparable).

is $\bar{x}$ = 1.69. The number of statements that were unable to be classified is relatively low especially in relation to the poor quality of many of the tapes and the method of coding used. Since the primary reason for a coding of U was technical (sound distortion, inaudibility) there is no reason to expect that the proportionate use of any of the procedures would be modified if these had been audible.

The 17,125 clauses are further described in Table 35, specifying procedures.

As illustrated in Table 35 on the following page, all procedures have a mean frequency per interview of at least one clause. However, procedures encouraging reflection upon dynamic material (E), encouraging reflection upon the client's feelings or behavior in relation to values, norms, or standards (Dg), and procedures encouraging reflection upon genetic material (F) are infrequently used in this sample. This is especially interesting since the sample clients appear to be highly suited (theoretically) for these more intensive procedures. The range for procedures Dg and E is also extremely narrow (0 - 15 clause). Procedure F, reflection upon genetic material, however, while represented by a low mean frequency has a very wide range of use (0 - 102 clauses). Upon inspection the writer finds that the width of this range is due to several interviews and, therefore, indicates a wide variation in use rather than reflecting only a few unrepresentative interviews. The low proportional and mean occurrence of sustaining procedures (A) was unexpected (2.9% and $\bar{x}$ = 5.3). The range is moderate (0 - 32).

The fact that encouragement of exploration and ventilation (C) is the single most frequently used category (39.7%) is not surprising.

TABLE 35.--Distribution of Treatment Procedures: 87 Interviews

Treatment Procedure	Worker Clauses					
	Frequency	Proportion	Proportion:[a] Exclusive of cc + U	$\bar{X}$ Frequency Per Interview	Range	
					Low	High
A	458	.0267	.0288	5.26	0	32
B	891	.0520	.0561	10.24	0	80
C	6302	.3680	.3974	72.44	12	248
cc	675	.0394	-	7.76	0	56
Da	3256	.1901	.2053	37.43	0	137
Db	1532	.0894	.0966	17.61	0	115
Dc	1569	.0916	.0989	18.03	0	95
Dd	893	.0521	.0563	10.26	0	38
Dg	121	.0070	.0076	1.39	0	13
Du	498	.0290	.0314	5.72	0	20
E	89	.0051	.0056	1.02	0	15
F	249	.0145	.0157	2.86	0	102
U	592	.0345	-	6.80	-	-
Total	17,125	.9994	.9994	196.84		

[a] The procedure proportions punched on the IBM cards were calculated for each interview based on the interview frequencies exclusive of categories cc and U. The means computed on this basis differ insignificantly from those given here and are presented together with the standard deviations in Appendix V.

The variation in use of this procedure is extremely wide (ranging from 12 - 248). This is the only procedure that occurs in all interviews.

While C is the most frequently occurring single category, encouragement of reflection upon interpersonal or situational factors in the current or adult past (D) is the most frequently occurring group of procedures (49.6%). Within category D the largest single context subcategory is a, reflection upon environmental factors or other people . In fact the majority of worker communications in this sample occur in 2 of the 11 categories, C and Da which total to over 60% of the communication.

The low use of directive procedures (B) is of interest (5.6%). This procedure has a relatively wide variation.

Table 36 summarizes the results when the procedures are dichotomized into whether they simply occur or do not occur in each of the 87 interviews.

TABLE 36.--Occurrence of Procedures: Used or not Used in 87 Interviews

Treatment Procedure	Use of Procedures Interview Frequencies		Proportion of Interviews Not Used
	Used	Not Used	
A	77	10	.11
B	83	4	.05
C	87	0	.00
cc	69	18	.21
Da	85	2	.02
Db	83	4	.05
Dc	83	4	.05
Dd	76	11	.12
Dg	36	51	.59
Du	69	18	.21
E	18	69	.79
F	21	66	.76

As Table 36 illustrates the procedures "Dg," "E," and "F" do not occur in over half of the interviews. Procedure C is the only category used in every interview. In the overwhelming number of interviews all of the remaining procedures occur.[1]

The proportionate use of the procedures does not appear to differ in general from the figures reported by Hollis.[2] Hollis examined 75 process recorded interviews with clients whose major problem was marital. The sample was drawn from several family service agencies. Her analysis is based upon early interviews (first 5) and used as a source of data specially prepared written process recordings. Table 37 summarizes this comparison.

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[1]Since category "cc" is not used in data analysis the fact that in 21% of the interviews it does not occur is only of passing interest and influenced by technical factors.

[2]Florence Hollis, "Development of A Casework Treatment Typology," unpublished, Final Report, NI MH Grant MH-00513, 12/27/66, pp. 45, 58.

TABLE 37.--Comparison of Hollis and Mullen Treatment Procedure Profiles

Treatment Procedure	Proportion of Worker Activity		Proportionate Difference
	Hollis	Mullen	
A	.081	.029	-.052[a]
B	.039	.056	+.017
C	.338	.397	+.059
D	.521	.496	-.025
E	.017	.006	-.011
F	.012	.016	+.004
Total	1.008	1.000	.168
a	.29[b]	.44	+.15[a]
b	.17	.21	+.04
c	.36	.21	-.15
d	.10	.12	+.02
g	.07	.02	-.05
Total	.99	1.00	.41

[a] A minus (-) difference indicates the Mullen proportion is less than the Hollis figure; a plus (+) more than.

[b] Represents proportion of all comparable D context categories.

Four of the major categories (B, C, D, F) are quite similar. Category A, sustaining procedures occurs less frequency in the writer's sample than in that of Hollis (5% less). This difference may be due to the variation in treatment phase represented by the two samples.[1] It may also be that workers, especially when requested to dictate process data for study, tend to overrepresent the use of sustaining

[1] Phase differences are examined, infra, pp. 126-161.

procedures.[1] This study, basing its analysis upon taped interviews (not tapescripts) with the coder reacting to auditory stimulii only finds that sustaining procedures are used relatively little and less than indicated previously by Hollis' sample. The opposite was anticipated.[2] It will be recalled that procedure A was among the most reliable categories both in terms of intrajudge stability as well as interjudge agreement.

While the difference between the Hollis' and Mullen proportions for procedure E is comparatively slight (.011) in view of the nature of this procedure and its relatively infrequent use the difference is of interest. The proportionate use of procedure E, encouraging reflection upon dynamic material, reported by Hollis is unexpectedly low. However, the findings of the writer's analysis indicate that in this sample such reflection is even less frequent.

The two context categories in least agreement are a and c. It is difficult to explain this variation. Upon superficial examination it appears that the writer tends to judge c material as a communications. However, this is highly unlikely since Da was among the most reliable of the categories as analyzed in the previous section. Also a context and c context communications are strikingly dissimilar. The only reasonable explanation appears to be an actual difference in the type of casework activity in these two samples.

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[1]Although Hollis did not find this difference when contrasting her data with coded tapescripts. See, Hollis, "Development of a Casework Treatment Typology," op. cit., p. 27.

[2]Preliminary findings of the CMP report the comparative proportion at approximately 4% using the CSS modified typology as developed by Reid.

In summary, several findings can be specified:

1. The overall procedure proportions as developed in the study are similar to those found by Hollis with the exception of procedure A.

2. Due to the lack of variation and low proportional occurrence of procedures E and Dg, significant differences in the variation of these procedures related to the intervening variables is not anticipated. These two procedures in this sample of interviews occur infrequently and with little variation.[1]

3. The mean and proportionate occurrence of procedure F is low; however, the variation in use is wide both in respect to the range as well as the use or non-use of the procedure in interviews. Since the variation is evident it is anticipated that significant differences among the variables may be found.

4. Procedure A is used in nearly all interviews (89%) yet its proportionate use and range are extremely low (.029 with a range of 0 - 32 clauses). It appears that there is relatively little variation to explain and, therefore, significant differences or associations are not anticipated.

5. Procedure Du while represented by a low proportionate use (.0314) and relatively small range (0 - 20 sentences) occurs in only 79% of the interviews. While the variation is somewhat restricted moderate

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[1]The reader is referred to Appendix V, Table 75 for a listing of the procedure mean proportions and standard deviations.

differences are evident. It is, therefore, anticipated that this variation may be explained by the independent variables.

6. Finally, the bulk of the verbal caseworker activity in this sample of interviews can essentially be described in terms of two types of communications:

a. Encouragement of client reflection upon situational and interpersonal factors in the present and recent past (D).

b. Exploration and encouragement of client ventilation (C).

V. THE INTERVENING VARIABLES

The significance of the variation in the use of the 11 treatment procedures in relation to the prescription, phase and caseworker variables is assessed by a series of analysis of variance tests. In addition x^2 is used to test the relationships for procedures Dg, E, and F.

The assumptions of the analysis of variance test are not met in this sample. While cases were assigned in the CMP to prescriptions and workers in a manner approximating random assignment the dissertation sample was not randomly selected. Interviews are not independent of one another since many represent the same clients as well as case. In addition the interviews are interdependent since they are drawn from 6 caseworkers. The proportional use of treatment procedures strictly speaking does not represent interval scale data but rather is in the form of ordinal measurement. In addition it could be argued that several of the procedures are not drawn from a continuous normally distributed population (especially procedures Dg, E and F).

As a result of the interdependence and the lack of random selection of the interviews inferences from the sample statistics to population parameters are unwarranted. The results of the analysis of variance tests as well as those of the other parametric and non-parametric tests used in this section and throughout data analysis are intended as descriptions of this sample's statistics only and inferences to any larger population are not attempted.

For procedures Dg, E and F where the variables do not appear to be continuously distributed the significance of the differences are examined by x^2 as well as the analysis of variance tests. Finally, it is assumed for the purposes of this analysis that the measurement of the proportional use of the treatment procedures approximates an interval scale of measurement.[1]

The Analysis of Variance

Eleven 2 x 3 x 6 factorial experiments are computed to test the significance of the variation in each of the treatment procedures. This multivariate design permits analysis not only of the significance of the main effects of each of the independent variables but also of the interaction effects.[2]

In this method of analysis the dependent variables are the treatment procedures (proportionate use). The independent variables or factors are prescription, phase, and caseworker.

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[1]Since the assumption of normality is questionable the analysis of variance tests were also computed using the arc sin transformation. The results were nearly identical with those found without the transformation. For a discussion of the arc sin transformation see: M. Bartlett, "The Use of Transformations," Biometrics, Vol. 3 (1947), pp. 39-52.

[2]These 11 multivariate analyses of variance tests were computed on an IBM 7090 computer using the program developed by Hall and Cramer; see: Charles E. Hall and Elliot M. Cramer, "A General Purpose Program To Compute Multivariate Analyses of Variance On An IBM Computer," The George Washington University Biometric Laboratory). For a description of the particular analysis of variance test used see: R.D. Bock, "Programming Univariate and Multivariate Analysis of Variance," Technometrics, 5 (1963), pp. 95-117.

The factors and levels in each of the tests are:

A) Factor I: Casework Method Prescription

1. Level 1 is the supportive method.
2. Level 2 is the modifying method

B) Factor II: Treatment Phase

1. Level 1 is phase I (interview 1 through 4).
2. Level 2 is phase II (interview 5 through 9).
3. Level 3 is phase III (interview 10 through 14).

C) Factor III: Caseworker[1]

1. Level 1 is caseworker 1.
2. Level 2 is caseworker 2.
3. Level 3 is caseworker 3.
4. Level 4 is caseworker 4.
5. Level 5 is caseworker 5.
6. Level 6 is caseworker 6.

Each test is composed of 36 treatments (each level of each factor combined with each level of all other factors). The number of observations is 87 (interviews) unevenly spread across the 36 treatment groups. In fact several of the treatments are without observations (5 treatments have "0" frequencies; 5 treatments have a frequency of one). The

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[1]In the CMP each caseworker was assigned a number. However, the use of the caseworkers' CMP numbers would be confusing. The 6 caseworkers are referred to as workers 1 through 6 in correspondence with the 6 levels of the caseworker factor. The level 1 caseworker is CMP worker 100; level 2 is caseworker 200; level 3 is caseworker 400; level 4 is caseworker 500; level 5 is caseworker 700; level 6 is caseworker 800. Workers are referred to in the study in the generalized masculine, i.e., "he."

maximum frequency for any one treatment is 5. Table 38 summarizes the basic data for the 11 tests (means and frequencies for each treatment on every test).[1]

As shown in the first column of Table 38 on the following page, each of the 36 cells or treatments are identified. The first digit in the 3-digit cell identification gives the level for factor I, prescription. The second digit gives the level for factor II, phase. The third digit gives the level for factor III, caseworker. The second column represents the number of observations (interviews) in each treatment. The remaining columns give the means (proportions) for each procedure for each treatment.

As mentioned, the number of observations representing each treatment is relatively small. In fact, in 5 treatments observations are completely lacking. Worker 4 (C_4) is not represented in phases II and III of the modifying method (cells 224 and 234, respectively) nor in phase III of the supportive method (cell 134); worker 6 (C_6) is not represented in phase III of the supportive method (cell 136); and, worker 5 (C_5) is not represented in phase III of the modifying method. The lack of observations in these cells does not invalidate the findings pertaining to the main effects or the prescription x phase (A x B) and prescription x worker (A x C) interaction effects. However, the

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[1]The program permits the occurrence of empty cells. As a result the analysis of variance is not invalidated by the occurrence of the 5 empty cells; however, interpretation of the results must take the presence of the empty cells into consideration. For a discussion of this point see: Bock, op. cit.

TABLE 38.--Cell Means for the Eleven 2 x 3 x 6 Analysis of Variance Tests

Treatment Cell ABC[a]	N[b]	Procedure										
		A	B	C	Da	Db	Dc	Dd	Dg	Du	E	F
111	4	.0525	.0860	.4557	.1287	.0430	.1415	.0580	.0000	.0257	.0000	.0030
112	4	.0127	.0250	.5587	.2272	.0722	.0075	.0252	.0000	.0582	.0000	.0125
113	2	.0255	.1325	.6040	.0895	.0680	.0595	.0170	.0000	.0040	.0000	.0000
114	2	.0285	.0210	.6620	.1420	.0405	.0585	.0030	.0075	.0375	.0000	.0000
115	2	.0200	.0930	.3120	.2205	.1355	.0740	.1035	.0225	.0185	.0000	.0000
116	3	.0117	.0173	.5233	.1020	.0760	.1123	.0143	.0193	.1070	.0163	.0000
121	4	.0160	.0805	.2835	.2175	.0922	.2037	.0605	.0097	.0275	.0082	.0000
122	5	.0462	.0295	.3540	.3814	.0952	.0266	.0458	.0016	.0154	.0000	.0036
123	2	.0280	.0185	.2890	.1320	.1025	.1770	.1400	.0045	.0845	.0235	.0000
124	2	.0240	.0265	.7230	.1420	.0170	.0370	.0050	.0000	.0245	.0000	.0000
125	2	.0170	.0325	.1975	.3045	.2640	.0710	.0775	.0260	.0095	.0000	.0000
126	1	.0350	.0870	.3480	.1560	.1300	.0610	.0260	.0000	.1560	.0000	.0000
131	4	.0210	.1277	.1985	.2545	.1412	.1232	.0767	.0170	.0340	.0065	.0000
132	3	.0167	.0220	.5930	.1753	.0387	.0263	.0347	.0000	.0707	.0000	.0220
133	2	.0115	.0315	.4605	.1120	.0600	.0925	.2240	.0050	.0030	.0000	.0000
134	0	-[c]	-	-	-	-	-	-	-	-	-	-[c]
135	1	.0000	.0530	.5170	.1630	.1100	.0810	.0480		.0000	.0290	.0000
136	0	-[c]	-	-	-	-	-	-	-	-	-	-[c]

211	3		.1250	.2957	.0940	.1793	.1480	.0827	.0027	.0170	.0333	.0000
212	5	.0278	.0156	.5286	.1896	.0462	.0522	.0814	.0072	.0370	.0000	.0136
213	3	.0193	.0453	.3517	.2393	.1343	.0810	.0503	.0047	.0733	.0000	.0000
214	1	.0670	.0700	.7090	.0570	.0230	.0200	.0030	.0030	.0470	.0000	.0000
215	2	.0635	.0315	.6490	.1545	.0460	.0285	.0150	.0060	.0060	.0000	.0000
216	4	.0337	.0070	.4542	.1417	.0845	.1582	.0370	.0237	.0440	.0055	.0107
221	2	.0435	.0915	.3485	.3500	.0985	.0200	.0190	.0030	.0015	.0000	.0240
222	4	.0537	.0362	.2887	.1967	.0635	.1050	.1042	.0105	.0222	.0020	.1170
223	3	.0227	.0450	.3370	.2730	.0963	.1073	.0670	.0107	.0353	.0000	.0000
224	0	- [c]	-	-	-	-	-	-	-	-	-	- [c]
225	1	.0250	.0760	.7450	.0060	.0640	.0760	.0000	.0060	.0000	.0000	.0000
226	4	.0350	.0282	.2222	.1505	.1550	.2197	.0857	.0065	.0272	.0160	.0542
231	2	.0090	.0935	.4115	.1590	.1570	.1190	.0155	.0015	.0225	.0000	.0105
232	4	.0385	.0290	.4052	.2082	.0555	.0827	.0625	.0010	.0247	.0320	.0602
233	3	.0103	.0170	.3260	.1300	.1403	.2227	.0687	.0180	.0623	.0037	.0000
234	0	- [c]	-	-	-	-	-	-	-	-	-	- [c]
235	0	- [c]	-	-	-	-	-	-	-	-	-	- [c]
236	3	.0253	.0480	.2043	.4223	.1183	.1070	.0457	.0103	.0147	.0000	.0033

[a] A = Prescription; B = phase; C = caseworker.

[b] N = Number of interviews or observations represented in the corresponding cell.

[c] No observations available.

significance of the mean squares of the phase x worker interaction (B x C) and the prescription x phase x worker (A x B x C) interaction must be cautiously interpreted as a result of these missing observations. Discussion of the results is restricted to the main effects and the first order interaction effects of prescription x phase (A x B) and prescription x worker (A x C). Tables illustrating the distributions of the means for the significant mean squares resulting from the phase x worker interaction (B x C) and the prescription x phase x worker interaction (A x B x C) are contained in Appendix VII.[1]

Results

Results are discussed separately for each of the procedures with significant mean squares.

Non-Significant Procedures

Five the 11 procedures were without a single significant mean square.[2] Neither the main effect mean squares nor the first order interaction mean squares for procedures A, Da, Dg, E and F were significant.[3] A significant amount of the variation in the proportionate use

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[1]Interpretation of the significant B x C and A x B x C effects is prohibited due to the presence of empty cells. Therefore, these effects are not discussed other than in Appendix VII.

[2]Significance is reported as $p \leq .05$.

[3]The B x C and A x B x C interaction mean squares are significant for procedure Da. However, since these tests are not valid the results are not discussed. Refer to Appendix VII for tables summarizing the cell means for these effects. (The results of the B x C and A x B x C effects are periodically referred to as "invalid." The use of this term implies that a direct interpretation ignoring the presence of the empty cells would not be "valid." Strictly speaking the results are not "invalid.")

of these procedures, therefore, is unexplained by the variables of casework method, treatment phase, or caseworker. The results pertaining to procedures A, Dg, and E are not surprising in view of the relatively little variation in the use of these procedures.[1] It is of interest to note that the use of procedure Da, however, is unrelated in this sample of interviews to the independent variables. Results pertaining to procedure F are also of interest since this procedure was found to vary considerably across interviews. Also this procedure is hypothesized to occur more frequently in the modifying method than in the supportive method. As discussed previously, the procedures of Dg, E and F are also tested using x^2 since the assumption of continuity is dubious.

Procedure B: Directive Communications

The summary of the analysis of variance of procedure "B" is presented in Table 39, on the following page.

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[1] Supra, pp. 116-125.

TABLE 39.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure B

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	0.0776	0.0015	
A x B x C	10	0.1676	0.0168	11.0168[c]
A x B	2	0.0067	0.0033	2.1882
A x C	5	0.0177	0.0035	2.3270
B x C	10	0.0336	0.0034	2.2088[b]
Method (A)	1	0.0003	0.0003	0.1860
Phase (B)	2	0.0003	0.0002	0.1069
Worker (C)	5	0.0729	0.0146	9.5874[c]
Grand Mean	1	0.2120	0.2120	139.3805

[a] Degrees of Freedom.

[b] $p \leq .05$.

[c] $p \leq .01$.

Three of the 7 f-ratios are significant.

1. The C factor mean square of 0.0146 is significant at the $p \leq .01$ level. In other words the means corresponding to the various workers (levels of factor C) differ significantly in relation to the proportionate use of procedure B averaging over the two levels of prescription (factor A) and the three levels of phase (factor B). Table 40 illustrates these differences.

TABLE 40.--Worker Differences on Directive Procedures (B)

Caseworker	Interviews N	Mean Proportions
C_1	19	.1011
C_2	25	.0260
C_3	15	.0457
C_4	5	.0330
C_5	8	.0553
C_6	15	.0282

While the F-ratio for the main effect of factor C, caseworker, is significant, this difference may be primarily a result of the variation between worker 1 (C_1) and the other 5 workers. The means for workers C_2, C_3, C_4, C_5, and C_6 range from $\bar{X} = .0260$ to $\bar{X} = .0553$ while the mean for worker 1 (C_1) is $\bar{X} = .1011$. Worker 1 (C_1) uses directive procedures (B) significantly more than the other caseworkers who tend to use directive procedures much less. Worker 2 (C_2) and 6 (C_6) use directive procedures less than all other workers. These differences are significant averaging over the various levels of prescription and phase.

2. The B factor mean square is not significant. The use of the directive procedure (B) does not vary among the three phases when averaged over caseworkers and prescriptions.

3. The A factor mean square is not significant. The directive procedure (B) means for the two casework methods, supportive and modifying,

do not differ significantly from one another when averaged over the various phases and caseworkers.

Neither the prescription x worker (A x C) nor the prescription x phase (A x B) interaction mean square is significant for procedure B.[1]

Procedure C: Exploratory and Ventilative Communications

The summary of the analysis of variance of procedure C is illustrated in Table 41.

TABLE 41.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure C

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	1.2934	0.0254	
A x B x C	10	11.1929	1.1193	44.1352[c]
A x B	2	0.2388	0.1194	4.7077[b]
A x C	5	1.3829	0.2766	10.9056[c]
B x C	10	1.3877	0.1388	5.4718[c]
Method (A)	1	0.0174	0.0174	0.6879
Phase (B)	1	0.3763	0.1881	7.4188[c]
Worker (C)	5	0.6615	0.1323	5.2166[c]
Grand Mean	1	14.4098	14.4098	568.1979

[a] Degrees of Freedom.

[b] $p \leq .05$.

[c] $p \leq .01$.

[1] Refer to Appendix VII for tables of the significant A x B x C and B x C interaction mean squares.

Six of the 7 F-ratios are significant at the $p \leq .05$ level.

1. The C factor mean square of 0.1323 is significant at the $p \leq .01$ level. The caseworkers, therefore, differ significantly in their proportionate use of exploratory, and ventilative communications (C) averaging over the levels of prescription and phase. Table 42 summarizes these differences.

TABLE 42.--Worker Differences on Exploratory and Ventilative Procedures (C)

Caseworker	Interviews N	Mean Proportions
C_1	19	.3241
C_2	25	.4480
C_3	15	.3824
C_4	5	.6958
C_5	8	.4473
C_6	15	.3490

The mean differences are apparent. Worker 1 (C_1) who was the highest in the use of directive procedures uses exploratory and ventilative procedures least while worker 4 (C_4) who was found to be among the least directive workers uses procedure C considerably more than any of the other workers. The variation in the proportionate use of this procedure among the caseworkers is striking when averaged over prescription and phase.

2. The mean square of 0.1881 for factor B (phase) is highly significant ($p \leq .01$). Table 43 summarizes the phase main effect differences.

TABLE 43.--Phase Variation in the Use of Exploratory and Ventilative Procedures (C)

Factor B Level	Treatment Phase	Interviews N	Mean Proportions
B_1	I	35	.4911
B_2	II	30	.3388
B_3	III	22	.3656

As hypothesized exploratory and ventilative procedures occur more frequently in phase I interviews than in either phase II or III averaging over prescriptions and caseworkers. The slight increase in the use of this procedure in phase III (in relation to phase II) was unanticipated. Within the range of interviews 1 through 14 procedure C occurs least in interviews 5 through 9 in this sample.[1]

3. The mean square for factor A is not significant. The mean use of exploratory and ventilative procedures (C) does not differ significantly between the two method prescriptions averaging over the various phases and workers.

[1]Inspection of the significant B x C interaction cells in Appendix VII illustrates that this generalization is not true for all of the caseworkers. The caseworker with the highest mean use of procedure C (C_4) does not vary in relation to phase I and II (phase III observations are not available for worker C_4). Also, worker 5 (C_5) who is a high user of procedure C has the largest mean use of procedure D in phase III although her phase II mean is low. Also, the worker with the second largest mean use of procedure C (C_2) differs little in relation to phase I and III although his phase II mean is low.

4. The prescription x worker interaction (A x C) mean square is significant at the $p \leq .01$ level. The differences among the caseworkers related to procedure C are not independent of prescription averaging over phases. Table 44 presents this data.

TABLE 44.--Prescription x Worker Interaction Effect (A x C) on Exploratory and Ventilative Procedures (C)

Factor C Caseworker	Factor A: Prescription			
	Supportive		Modifying	
	A_1	Interviews N	A_2	Interviews N
C_1	.3125	12	.3438	7
C_2	.4819	12	.4168	13
C_3	.4511	6	.3382	9
C_4	.6925	4	.7090	1
C_5	.3072	5	.6810	3
C_6	.4794	4	.3016	11

Procedure C could be expected to occur more frequently in the supportive than the modifying prescriptions. As discussed, this did not occur averaging over caseworker and phase. Inspection of the above means indicates that the expected differences occur for 3 workers (C_2, C_3, and C_6) but are not evident for the remaining 3 caseworkers when averaged over phase. In fact, worker 5 (C_5) has the larges mean difference using procedure C over twice as much in the modifying than in the supportive prescription. Worker 1 (C_1) whose mean use of C was

the lowest averaging over prescriptions continues to use C relatively little or differently in either prescription. Worker 4 (C_4) whose mean was exceptionally high averaging over prescription shows no variation in reference to prescription averaging over phase.

5. The A x B interaction mean square of 0.1194 is significant at the $p \leq .05$ level. Averaging over workers the procedure C means for phases are not independent of prescription. Table 45 presents this data.

TABLE 45.--Prescription x Phase (A x B) Interaction Effect on Exploratory and Ventilative Procedures (C)

Factor B Phase	Factor A: Prescription					
	Supportive			Modifying		
	A_1	R_1[a]	N[b]	A_2	R_2	N
B_1	.5166	3	(17)	.4671	3	(18)
B_2	.3544	1	(16)	.3211	1	(14)
B_3	.4011	2	(10)	.3362	2	(12)

[a]Rank.

[b]Interviews.

The rank order of the means for phases are the same for both prescriptions. Procedure C is used more in the phase I, supportive treatment than at any other time including the phase I modifying treatment. The differences between phase found on the B main effect hold for the supportive prescription (A_1); however, a change occurs in the

modifying prescription (A_2). The mean for phase III in the modifying prescription is similar to the phase 2, modifying mean. It appears that the apparent phase 3 increase found previously (B Main effect) is due to an increase in the supportive prescription but not in the modifying prescription. It could easily be argued that the prescription x phase (A x B) interaction effect is a function of the workers represented. The difference between the phase II means (B_2) appears to reflect the presence of worker 4 (highest in the use of C) in the phase II supportive cell ($A_1 \times B_3$) while absent in the modifying phase II cell ($A_2 \times B_2$). The difference between the phase III cells in relation to prescription seems to reflect the absence of worker 5 (high in use of C) in the modifying cell ($A_2 \times B_3$) coupled with the presence in the comparable supportive cell ($A_1 \times B_3$).[1] Taking these considerations into account it seems evident that the prescription x phase (A x B) interaction effect is not significant for procedure C (controlling for worker).

In summary, it is clear that the proportionate use of procedures of an exploratory and ventilative nature varies significantly in relation to (1) caseworker, (2) phase. The differences related to caseworker are clear. The differences related to phase must be qualified. Averaging over caseworkers procedure C is used most in phase I. However, in this sample one caseworker uses C equally high irrespective of phase (C_4), another uses C most in phase III (C_5), and a third worker uses C equally in phase I and III.[2]

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[1] Refer to the table corresponding to the A x B x C interaction on procedure C in Appendix VII for further specification.

[2] Inspection of the second order interaction means in Appendix VII

Procedure Db: Reflection Upon the Outcome of the Client's Behavior[1]

The summary of the analysis of variance of procedure Db is presented in Table 46.

TABLE 46.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure Db

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	0.2093	0.0041	
A x B x C	10	0.2800	0.0280	6.8223[c]
A x B	2	0.0044	0.0022	0.5411
A x C	5	0.0488	0.0098	2.3777
B x C	10	0.1267	0.0127	3.0881[c]
Method (A)	1	0.0013	0.0013	0.3237
Phase (B)	2	0.0121	0.0060	1.4724
Worker (C)	5	0.0710	0.0142	3.4605[c]
Grand Mean	1	0.7712	0.7712	187.8939

[a] Degrees of Freedom.

[c] $p \leq .01$.

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illustrates that none of these generalizations are without exception. However, the number of observations in these cells are quite small.

[1] For purposes of discussion this procedure is referred to as "reflection on outcome of behavior." Refer to, <u>supra</u>, p. 28 for an exact definition.

Three of the 7 F-ratios are significant.[1]

1. The C factor mean square of 0.0142 is significant at the $p \leq .01$ level. Table 47 summarizes the mean differences.

TABLE 47.--Caseworker Differences on Procedures Encouraging Reflection Upon the Outcome of Client Behavior (Db)

Factor C Caseworker	Interviews N	Mean Proportions
C_1	19	.1133
C_2	25	.0634
C_3	15	.1038
C_4	5	.0275
C_5	8	.1330
C_6	15	.1113

Worker 4 (C_4) who was observed to be exceptionally high in the use of exploratory and ventilative procedures (C) is observed to be extremely low in the mean use of reflection upon the outcome of the clients behavior (Db). Workers C_1, C_6 and C_3 who were found to have the lowest means on the exploratory procedure are among the highest on procedure Db. Worker 5 (C_5) who had a relatively moderate mean for procedure C and a high mean for the directive procedure (B) has the highest mean for procedure Db. In summary, the worker means for procedures

[1]Refer to Appendix VII for tables summarizing the cell means for the B x C and the A x B x C interaction effects.

encouraging client reflection upon the outcome of his behavior, decision making, etc., (Db) differ significantly averaging over prescription and phase.

None of the other mean squares resulting from analysis of procedure Db are significant.

Procedure Dc: Reflection Upon the Nature of the Clients' Behavior in the Present or Adult Past in the Situational or Interpersonal Context

The summary of the analysis of variance of procedure Dc is presented in Table 48.

TABLE 48.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure Dc

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	0.3833	0.0075	
A x B x C	10	0.1557	0.0156	2.0719[b]
A x B	2	0.0026	0.0013	0.1713
A x C	5	0.0406	0.0081	1.0796
B x C	10	0.1057	0.0106	1.4065
Method (A)	1	0.0066	0.0066	0.8782
Phase (B)	2	0.0124	0.0062	0.8243
Worker (C)	5	0.1611	0.0322	4.2862[c]
Grand Mean	1	0.8674	0.8674	115.4145

[a] Degrees of Freedom.

[b] $p \leq .05$.

[c] $p \leq .01$.

Two of the 7 F-ratios are significant.[1]

The worker (Factor C) mean square of 0.0322 is significant at the $p \leq .01$ level. The means for the 6 workers differ significantly averaging over the prescription and phase factors. Table 49 illustrates these differences.

TABLE 49.--Caseworker Differences on Procedures Encouraging Reflection Upon the Nature of the Clients' Behavior (Dc)

Factor C Caseworker	Interviews N	Mean Proportions
C_1	19	.1366
C_2	25	.0501
C_3	15	.1260
C_4	5	.0422
C_5	8	.0630
C_6	15	.1487

There are two groupings of caseworkers on the proportionate use of this procedure. Workers 1, 3, and 6 (C_1, C_3 and C_6) are high on the use of Dc ($\bar{X}$ = .1366, .1260 and .1487, respectively). Workers 2, 4, and 5 (C_2, C_4 and C_5) seem to use this procedure moderately (relative to the other workers) ($\bar{X}$ = .0501, .0422, and .0630, respectively).

It could be predicted that those workers high in the use of exploratory procedures (C) would be low in the use of procedures

[1]Refer to Appendix VII for a summary of the significant A x B x C interaction means.

encouraging reflection upon the nature of the clients' behavior (Dc) and in addition that workers low in the use of procedure C would be high in the use of procedure Dc. This is the case. Workers 1, 3, and 6 are the lowest in the mean use of procedure C and the highest in the mean use of procedure Dc. Workers 2, 4 and 5 are the highest in the mean use of procedure C and the lowest in the mean use of procedure Dc.

It could also be expected that workers high in the mean use of procedure Db would be high in the use of procedure Dc. This also proves to be the case.

The means for the 3 phases of treatment do not differ averaging over prescription and worker (main effect of factor B).

The means for the 2 prescriptions do not differ averaging over phase and worker (main effect of factor A).

None of the 3 first order interaction mean squares are significant (B x C, A x C, A x B).

Procedure Dd: Reflection Upon Clients Reactions or Causation In Relation to External Provocations[1]

The summary of the analysis of variance for procedure Dd is presented in Table 50.

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[1]Descriptions of the procedures throughout are abbreviated. Refer to, supra, p. 28 for a more exact definition of procedure Dd.

TABLE 50.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure Dd

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	0.0941	0.0018	
A x B x C	10	0.0282	0.0028	1.5306
A x B	2	0.0184	0.0092	4.9949[b]
A x C	5	0.0405	0.0081	4.3900[c]
B x C	10	0.0382	0.0038	2.0715[b]
Method (A)	1	0.0001	0.0001	0.0479
Phase (B)	2	0.0055	0.0027	1.4805
Worker (C)	5	0.0304	0.0061	3.2927[b]
Grand Mean	1	0.2969	0.2969	160.8932

[a] Degrees of Freedom.

[b] $p \leq .05$.

[c] $p \leq .01$.

Four of the 7 F-ratios are significant.[1]

1. The worker (C factor) mean square is significant at the $p \leq .05$ level. The 6 means for the workers differ significantly averaging over prescription (factor A) and phase (factor B). Table 51 summarizes these means.

[1] Refer to Appendix VII for a summary of the B x C interaction cell means.

TABLE 51.--Worker Differences on Procedure Dd

Factor C Caseworker	Interviews N	Mean Proportion
C_1	19	.0577
C_2	25	.0763
C_3	15	.0880
C_4	5	.0038
C_5	8	.0568
C_6	15	.0464

It is again apparent that the worker (C_4) lowest in the mean use of Dc and highest in the mean use of procedure C is extremely deviant in his low mean use of procedure Dd ($\bar{x}$ = .0038). It is also evident that the remaining 5 workers use this procedure much more than worker 4 (C_4) and with little variation among themselves.

2. Neither the phase nor prescription main effect mean squares are significant for procedure Dd.

3. The prescription x worker (A x C) interaction mean square of 0.0081 is significant at the $p \leq .01$ level. Table 52 presents this data.

TABLE 52.--Prescription x Worker Interaction Effect: On Procedure Dd: Means

Factor C Worker	Factor A: Prescription			
	Supportive		Modifying	
	A_1	N	A_2	N
C_1	.0650	12	.0453	7
C_2	.0361	12	.0826	13
C_3	.1270	6	.0620	9
C_4	.0040	4	.0030	1
C_5	.0820	5	.0150	3
C_6	.0172	4	.0570	11

Two of the 6 workers use procedure Dd more in the modifying prescription (A_2) than in the supportive prescription (A_1) (workers 2 (C_2) and 6 (C_6)). The remaining 4 workers use Dd more in the supportive than the modifying prescription. Worker 4 (C_4) continues to be the lowest user of Dd, regardless of method varying little in relation to prescription. Worker 3 (C_3) who had the largest mean for procedure Dd on the factor C main effect varies considerably with prescription using Dd much more in the supportive than modifying prescription (A_1 x C_3, $\bar{X}$ = .1270; A_2 x C_3, $\bar{X}$ = .0620).

The A x B interaction mean square of 0.0092 is significant at the $p \leq .05$ level. Table 53 presents this data.

TABLE 53.--Prescription x Phase (A x B) Interaction Effect On Procedure Dd: Means

Factor B Phase	Factor A: Prescription			
	Supportive		Modifying	
	A_1	N	A_2	N
B_1	.0366	17	.0548	18
B_2	.0588	16	.0713	14
B_3	.0906	10	.0520	12

The major difference in relation to the A x B interaction occurs in phase III. In phases I and II procedure Dd occurs most frequently in the modifying prescription; however, the opposite pattern occurs in phase III. This could well be a function of the workers represented. Worker 6 (C_6) who has the second lowest Dd mean is represented by 3 observations in the modifying, phase III cell ($A_2 \times B_3 \times C_6$) and no observations in the corresponding supportive phase III cell ($A_1 \times B_3 \times C_6$). On the basis of this it does not appear that the differences are significant (controlling for worker).

Procedure Du: Reflection Upon the Worker-Client Interaction and Treatment Situation

The summary of the analysis of variance for procedure Du is presented in Table 54.

TABLE 54.--Analysis of Variance of the 2 x 3 x 6 Factorial Experiment of Procedure Du

	DF[a]	Sum of Squares	Mean Squares	F-Ratio
ANOVA Error	51	0.1048	0.0021	
A x B x C	10	0.0452	0.0045	2.1993[b]
A x B	2	0.0017	0.0009	0.4147
A x C	5	0.0248	0.0050	2.4155[c]
B x C	10	0.0103	0.0010	0.5029
Method (A)	1	0.0056	0.0056	2.7356
Phase (B)	2	0.0028	0.0014	0.6819
Worker (C)	5	0.0153	0.0031	1.4907
Grand Mean	1	0.1093	0.1093	53.2187

[a] Degrees of Freedom.

[b] $p \leq .05$.

[c] $p \leq .01$.

Two of the 7 mean squares are significant.[1]

1. None of the main effect mean squares are significant for procedure Du. Neither the phase x worker (B x C) nor the prescription x phase (A x B) interaction mean squares are significant.

The prescription x worker (A x C) interaction mean square is significant at the $p \leq .01$ level. Table 55 illustrates these differences.

[1] Refer to Appendix VII for a summary of the means for the significant A x B x C interaction effect.

TABLE 55.--Prescription x Worker (A x C) Interaction Effect on Procedure Du: Means

Factor C Worker	Factor A: Prescription			
	Supportive		Modifying	
	A_1	N	A_2	N
C_1	.0290	12	.0141	7
C_2	.0434	12	.0286	13
C_3	.0305	6	.0569	9
C_4	.0310	4	.0470	1
C_5	.0191	5	.0040	3
C_6	.1192	5	.0299	11

One cell may account for much of the variation. Worker 6 (C_6) uses Du much more in the supportive prescription than in the modifying prescription and also more than any other worker in either prescription. Three of the 5 other workers follow this pattern of greater use of Du in the supportive than modifying prescription (C_1, C_2, C_5). Differences are not large with the exception of cell A_1 x C_6.

Table 56 presents a summary of the 77 F-ratios resulting from the 11 analysis of variance tests.

TABLE 56.--F-Ratios for the Eleven Analysis of Variance Tests

Treatment Procedure	Effect						
	A x B x C	A x B	A x C	B x C	A[c]	B[d]	C[e]
A	1.5602	0.0725	0.9853	0.8083	1.7342	1.2734	0.4840
B	11.0168[b]	2.1882	2.3270	2.2088[d]	0.1860	0.1069	9.5874[b]
C	44.1352[b]	4.7077[a]	10.9056[b]	5.4718[b]	0.6879	7.4188[b]	5.2166[b]
Da	6.9648[b]	0.5359	1.2879	3.0755[b]	0.0789	2.6689	0.8531
Db	6.8223[b]	0.5411	2.3777	3.0881[b]	0.3237	1.4724	3.4605[b]
Dc	2.0719[a]	0.1713	1.0796	1.4065	0.8782	0.8243	4.2862[b]
Dd	1.5306	4.9949[a]	4.3900[b]	2.0715[a]	0.0479	1.4805	3.2927[a]
Dg	0.4774	0.2996	0.7246	0.9567	0.0090	0.0177	1.1776
Du	2.1993[a]	0.4147	2.4155[b]	0 5029	2.7356	0.6819	1.4907
E	0.4955	0.6446	0.6614	1.2354	0.6058	0.3637	0.3980
F	0.0446	1.0312	0.5556	0.2159	2.7451	0.8740	1.1825

[a] $p \leq .05$ (N = 87).

[b] $p \leq .01$ (N = 87).

[c] Prescription.

[d] Phase.

[e] Caseworker.

Twenty-two of the 77 F-ratios are significant at the $p \leq .05$ level. As discussed, the lack of observations in several of the cells effect the interpretation of the results of the analyses of variance of the second order interaction effects and the first order interaction effects of phase x worker (B x C). Only the results of the analyses of variance of the main effects and the interaction effects of prescription x phase (A x B) and prescription x worker (A x C) are directly interpretable. Of these 55 F-ratios 3 are significant at the $p \leq .05$ level and 8 are significant at the $p \leq .01$ level. Both of the significant prescription x phase (A x B) interaction effects (procedures C and Dd) appear to be due to worker representation in the comparable cells and, therefore, these associations are considered spurious.

In the context of these considerations the writer concludes:

1. The variation in the use of the 11 procedures is unexplained by the main effects of casework method prescription.

2. The main effects of factor B, treatment phase, are not significant for 10 of the 11 procedures.

3. As predicted the mean use of procedure C is larger in phase I than in either phase II or III.

4. The caseworker factor explains a significant amount of the variation in 5 of the 11 procedures (main effect).

5. The prescription x phase interaction does not explain a significant amount of the variation for any of the 11 procedures.

6. A significant amount of the variation in the use of procedures C, Dd, and Du is explained by the prescription x worker interaction effect. In other words, some workers use procedure C significantly more

in the supportive prescription than in the modifying prescription and some workers do the opposite. Similarly for procedures Dd and Du.

7. The variation in the use of the procedures A, Da, Dg, E and F is unexplained by either the main effects or interaction effects of prescription, phase and caseworker.

8. The only significant source of variation identified for procedure Du is the interaction effect of prescription and caseworker (A x C).

9. A significant amount of the variation in the use of procedure B is explained by the worker main effect.

10. A significant amount of the variation in the use of procedure C is explained by the main effects of worker and phase as well as the interaction effect of prescription and worker (A x C).

11. A significant amount of the variation in procedure Db is explained by the main effect of caseworker.

12. A significant amount of the variation in the use of procedure Dc is explained by the main effect of worker.

13. A significant amount of the variation in procedure Dd is explained by the main effect of worker and the interaction effect of prescription and worker.

14. The caseworker's mean use of procedure C is inversely related to their mean use of procedure Dc averaging over other variables.

Non-Parametric Analysis

The procedures of Dg, E and F approximate a dichotomy rather than a continuous distribution.

As a result the interviews are dichotomized into those where the procedure was used and those where it was not used. The relationship between the 3 independent variables of prescription, phase and worker and the dependent variables of treatment procedure is investigated treating the procedures as nominal scale data. The x^2 test is used to examine the differences between the independent variables and the use or non-use of each of the 3 procedures.

Procedure Dg

Procedure Dg occurred in 36 interviews and did not occur in 51 interviews. Casting this data in a 2 x 2 contingency table in relation to prescription (modifying treatment and supportive treatment) and testing for significance using x^2 the results are not significant ($.50 < p < .70$). Procedure Dg is unrelated to prescription. Table 57 presents this data.

TABLE 57.--Prescription-Procedure Dg Relationship

Prescription	Procedure Dg		Totals
	Occurs	Not Occurs	
Modifying	20	24	44
Supportive	16	27	43
Totals	36	51	87

To examine worker differences the interviews were dichotomized into those where Dg was used and those interviews where it was not used for each caseworker. Two of the caseworkers were eliminated from this

analysis since their number of interviews were small (workers 4 and 5 whose total number of interviews were 5 and 8, respectively). The data were cast in a 2 x 4 contingency table and x^2 was used to test for significant differences in worker use of Dg. The resulting x^2 is not significant ($.20 < p < .30$). We conclude that the use of Dg is independent of the caseworker variable.

Finally, the relationship between Dg and phase was tested. The data were cast in a 2 x 3 contingency table and tested using x^2. The association is non-significant ($.50 < p < .70$). Procedure Dg occurs independently of phase.

Procedure E

The relationships between the independent variables of prescription, phase and worker and the dependent variable, procedure E, was analyzed similarly to the analysis of Dg. Procedure E was dichotomized into those interviews where E occurred and those interviews where it did not occur. The relationship between E and prescription, phase, and caseworker was then investigated casting the data into a contingency table and testing for significance employing x^2. The association between E and prescription (modifying and supportive) was not significant ($.70 < p < .80$). The relationship between E and phase (2 x 3 contingency table) was not significant ($.20 < p < .30$). The relationship between caseworker and occurrence of E was not tested since the lack of association was apparent once the data was cast into the 2 x 6 contingency table. We can conclude, therefore, that procedure E occurs independently of prescription, phase or caseworker.

Procedure F

The relationship between F and prescription, phase and worker were examined, again, casting the data into a contingency table and testing for significance using the x^2 formula. The relationship between phase and F was found to be non-significant ($.30 < p < .50$). (Procedure F was not used by 3 of the 6 caseworkers and these 3 workers were excluded from the phase-procedure analysis.)

However, the relationship between F and prescription is significant at the $p \leq .005$ level (direction predicted). Table 58 presents this data.

TABLE 58.--Prescription - Procedure F Association

Prescription	Procedure F		Totals
	Occurs	Does not Occur	
Modifying	16	28	44
Supportive	5	38	43
Totals	21	66	87

It is clear from this table that in this sample of interviews the association between the occurrence or non-occurrence of procedure F and prescription is significant. F occurs most frequently in the modifying prescription and least frequently in the supportive pattern. In this sense F and prescription are interrelated.

Table 59 presents data concerning the relationship between procedure F and worker.

TABLE 59.--Caseworker - Procedure F Association

Worker	Procedure F		Totals
	Occurred	Did not Occur	
1	4	15	19
2	11	14	25
3	0	15	15
4	0	5	5
5	0	8	8
6	6	9	15
Totals	21	66	87

The frequencies in the above table, which refer to interviews, indicate that 3 of the workers (3, 4, 5) did not use F at all out of a combined total of 28 interviews. Workers 1, 2, and 6 used F in 21 of their 59 interviews. It is obvious that the worker differences related to the use of F are strong. Workers 2 and 6 are the highest on occurrance of F. Worker 1 used F moderately (relative to other workers). In order to test for significance the interviews for workers 3, 4, and 5, where F was not used at all, were collapsed and the data were cast into a 2 x 4 contingency table. x^2 was computed and was significant at the $p \leq .001$ level (direction not predicted).

Since this analysis indicates that both prescription and worker are related to procedure F the analysis proceeded to examine the use of F in association with prescription-worker interaction. Since 3 of the workers did not use F at all and had approximately equal numbers of

interviews in the supportive and modifying prescriptions (15 and 13 interviews, respectively) we can conclude that the prescription variable for these 3 workers was not associated with use of F.

The remaining 3 caseworkers, used procedure F in 21 of their combined 59 interviews. For these workers F was used in 51% (16 of 31) of their Modifying interviews and in 18% (5 of 28) of their Supportive interviews. Using x^2 this difference was found to be significant at the $p \leq .01$ level.

The relationship between prescription and occurrence of F controlling for the worker variable was examined for each of the 3 workers where F occurred in at least 1 of that worker's interviews. The data for each worker were cast into a 2 x 2 contingency table relating occurrence of F with prescription. Fisher's exact probability test was used to examine the significance of the relationships. None of the 3 tests were significant at the $p \leq .05$ level. In other words, the use of F, controlling for the worker variable, was not significantly associated with prescription for any one worker. However, combining caseworkers it is evident that F occurs in significantly more modifying interviews than supportive for caseworkers whose repertoire of procedures includes the use of procedure F.

In summary, the relationships between procedure Dg and the variables of prescription, phase and worker were not significant. Similarly, the relationships between procedure E and the prescription, phase, worker variables were non-significant. Significant results were obtained when the variables of prescription, phase, and worker were related to the use or non-use of procedure F. Phase was unrelated to the use of F.

Averaging over caseworkers a significant relationship between F and prescription was found. Procedure F was found to be used most frequently in interviews in the modifying prescription and less frequently in interviews in the supportive prescription. A significant relationship between caseworkers and use of F averaged over prescription was also found. Controlling for caseworker an examination of the relationship between prescription and F for each worker yielded non-significant results. We conclude that procedure F is not significantly related to prescription for any particular caseworker; however, averaging over caseworkers this relationship is significant. The proportionate use of procedure F varies significantly among caseworkers. The interaction between the caseworker and prescription variables was examined. It has been found that in this sample of interviews procedure F occurs in significantly more modifying interviews than supportive interviews for caseworkers whose repertoire of procedures included the use of F. However, differences for any one of these 3 workers in the use of F were non-significant.

VI. CLIENT AND TREATMENT VARIABLES: ASSOCIATIONS

The associations between the client variables and the treatment procedures are examined in this chapter. In the following section the correlations between each of the 24 client-characteristic variables and each of the treatment procedures are discussed. In the second section of this chapter the clients' scores on 3 hypothetical client factors resulting from the factor analysis of the client characteristics and the treatment procedures are intercorrelated. The comments concerning the assumptions of the analysis of variance tests and the form of the study data are relevant to the analysis conducted in this chapter.[1]

Intercorrelations of the Client Characteristic And Treatment Procedures

Twenty-four of the original 28 client characteristic variables have been intercorrelated.[2] The Pearson product moment correlation coefficient was computed over the sample of 87 interviews. Each interview is assumed to be independent of all others.[3] The presence of

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[1] Supra, p. 126.

[2] For a discussion of the 4 client variables not included refer to, supra, pp. 77-91.

[3] Since the interviews are drawn from the same clients or cases and caseworkers they are not independent.

non-linear relationships is not investigated.[1] Table 60 summarizes the intercorrelations of the client and treatment variables in this sample of 87 interviews. All levels of significance are reported with the direction of the association predicted.

As illustrated by Table 60 on the following two pages, 58 of the 264 correlation coefficients (22%) are significant at the $p \leq .05$ level with direction predicted. Of these 58 significant correlations 42 are significant at the $p \leq .025$ level (one-tailed). It is clear that the number of significant correlations is much greater than would be expected by chance.[2] Only 3 of the client variables are not correlated with any of the procedures: (1) socio-economic status; (2) hopefulness about problem resolution; (3) motivation for use of casework in problem solving.

Each of the treatment procedures will be discussed separately and significant correlations reported.[3]

Procedure A: Sustaining Procedures

Only the variable "general intelligence" is significantly correlated with procedure A. The $r = -.281$ is significant at the $p < .005$ level, direction predicted. In this sample of interviews, as predicted,

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[1] For a discussion of non-linear relationships between client characteristics and treatment procedures see: William Reid, "A Study of Caseworker's Use of Insight-Oriented Techniques," op. cit.

[2] By chance 13.2 significant correlations would be expected at the $p \leq .05$ level, predicting direction.

[3] It will be recalled that the correlational program permitted item deletion ("other" and "unknown" codings). This accounts for the varying size of the number of observations.

TABLE 60.--Client Characteristic-Procedure Correlations[f]

Client Characteristic	Treatment Procedure										
	A	B	C	Da	Db	Dc	Dd	Dg	Du	E	F
Socio-Economic Status	.126	.096	-.166	.030	.094	.133	.089	.046	-.047	-.148	.013
Social Functioning	.015	-.241[b]	-.033	-.056	-.080	.186[a]	-.022	.104	.146	.265[c]	.034
Intelligence	-.281[d]	-.186[a]	.121	.011	-.108	-.131	.161	-.068	.126	.127	-.073
Perception of Reality	-.065	-.195[a]	-.234[b]	-.033	.145	.282[d]	.140	.190[a]	.140	.292[d]	.063
Perception of Self	-.066	-.115	-.166	.159	.075	.020	.002	.194[a]	-.079	.295[d]	.118
Appropriateness of Affect	.180	-.182	-.088	-.148	.027	.302[d]	.018	.116	.040	.213[b]	.059
Frustration Tolerance	-.055	-.282[d]	-.132	-.014	.172	.209[a]	.021	.256[c]	-.051	.256[c]	.083
Intellectual Functioning	-.039	-.124	-.238[b]	-.124	.266[c]	.317[c]	.219[b]	.215[b]	.124	.225[b]	-.036
Quality of Object Relations	-.040	-.053	-.269[c]	.119	.193[a]	.201	.057	.180	-.049	.314[d]	-.037
Functional Adequacy of Defenses	-.034	-.170	-.285[d]	-.040	.152	.379[e]	.096	.192[a]	.149	.338[d]	.074
Overall Ego Functioning	-.063	-.176	-.247[b]	-.014	.176	.285[d]	.132	.222[b]	.080	.323[d]	.035
Family Functioning	-.122	-.205[a]	-.104	.064	-.156	.135	-.004	.090	.243[b]	.148	.159
Effect of Environment on Problem Resolution	-.142	-.199[a]	-.094	.073	-.089	.031	.042	.005	.196[a]	.037	.252[b]
Overall Adjustive Status	-.166	-.278[d]	-.156	.210[b]	.087	.020	-.032	.077	.124	.176	.068
Appropriateness of Goal	.162	.024	-.081	.133	.108	-.124	-.046	-.005	-.320[d]	.047	.224[b]
Hopefulness About Problem Resolution	-.139	.081	-.015	.148	-.071	-.116	-.093	.010	-.046	-.132	.113

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Discomfort With Problem	-.000	.170	-.170	-.054	-.031	.299[d]	.033	.098	.140	.027	-.047
Reaction To Discomfort	.-22	.003	-.180	.093	.014	.166	.095	-.181	.218[b]	.026	-.108
Desire to Resolve Problem	.032	-.070	-.217[b]	.067	.086	.242[b]	.005	.081	.021	.061	.076
Feeling Toward Worker	-.098	-.188[a]	.081	.143	-.092	-.112	.038	.017	-.114	-.032	-.064
Attitude Toward Service	-.075	-.078	.083	.289[d]	-.183[a]	-.229[b]	-.069	-.091	-.237[b]	-.083	.012
Participation in Case Work Interviews	-.051	-.013	-.161	-.029	.267[c]	.191[a]	.005	.219[b]	-.153	.137	.034
Motivation Toward Problem Resolution	-.076	.018	-.116	-.050	.074	.178	.046	.171	-.019	.114	.056
Nature of Problem	-.099	-.112	.072	.204[a]	.032	-.204[a]	-.110	-.011	-.122	-.081	-.088

[a] $p \leq .05$, one-tailed, ($r = .183$).

[b] $p \leq .025$, one-tailed, ($r = .211$).

[c] $p \leq .01$, one-tailed, ($r = .256$).

[d] $p \leq .005$, one-tailed, ($r = .275$).

[e] $p \leq .0005$, one-tailed, ($r = .360$).

[f] Pearson Product Moment Correlation Coefficient.

sustaining procedures are used more frequently with clients assessed by the caseworker to be low in general intelligence and less frequently with those assessed to be higher in intelligence. While not significant it is of interest to note that A is negatively correlated with the overall adjustive status of the client ($r = -.166$) and positively correlated with the appropriateness of the clients' affect ($r = .180$). It is of interest to note that A has a correlation of $r = .00$ with the clients' degree of discomfort in the problem situation. While not significant the direction of the correlation between A and the clients' hopefulness about the problem resolution is as would be expected ($r = -.139$). The direction, although again non-significant, of the relationship between sustaining procedures and socio-economic status is of interest. There is a (non-significant) tendency for A to be used more with clients of the lower socio-economic status. It will be recalled that none of the variance in the use of A had been previously explained by the intervening variables.

Procedure B: Directive Procedures

Procedure B is significantly correlated with 8 of the client characteristics. All 8 significant correlations are negative. Like procedure A, B is negatively correlated with the caseworkers' estimate of the clients' general intelligence ($r = -.186$, $p < .05$, one-tailed). As predicted, directive procedures tend to be used more frequently with clients of lower general intelligence and less frequently with clients who are perceived to be of higher general intelligence.

Procedure B is negatively correlated with the clients' social functioning as perceived by the caseworker ($r = -.241$, $p < .025$, one-tailed). As predicted, directive procedures were used less frequently in this sample of interviews with clients estimated to be high in social functioning and most frequently with clients low on social functioning.

The directive procedure, B, is negatively correlated with the estimate of the adequacy of the clients' perception of reality. As predicted, directive procedures in this sample tend to be used less with clients judged to be high on adequacy of perception of reality and most frequently with clients estimated to be low on adequacy of reality perception.

The caseworkers' estimate of the adequacy of the clients' frustration tolerance is negatively correlated with B ($r = -.282$, $p < .005$, one-tailed). In this sample, as predicted, directive procedures were used most frequently with clients low in frustration tolerance and least with clients high in frustration tolerance.

The overall functional adequacy of the family is negatively correlated with B ($r = -.205$, $p < .05$, one-tailed). This implies that B, directive procedures, tended to be used most frequently with clients whose families were judged to be low on overall functional adequacy and least with those whose families were judged to be high on overall functional adequacy.

No prediction had been made concerning this association. It is not unexpected, however, that a negative correlation occurs. It may be that for clients in restrictive or unfavorable environmental and familial circumstances the worker assumes more of a directive responsibility.

This is evident also in the negative correlation between B and the environment variable discussed next.

The estimate of the effect of the environment on the families' (clients') efforts at problem resolution is negatively correlated with B ($r = -.199$, $p < .05$, one-tailed). It will be recalled that this variable is composed of 2 elements, namely whether the environment is favorable or unfavorable to problem solving, and, secondly, whether or not an unfavorable environment is modifiable or not modifiable. This correlation can be interpreted as implying that directive procedures tend to be used with clients with unfavorable environments that may also be unmodifiable or probably modifiable and least frequently with clients who have favorable environments. No prediction had been made concerning this association although it is not unexpected as explained in the previous paragraph.

The clients' overall adjustive status is negatively correlated with B ($r = -.278$, $p < .005$, one-tailed). It will be recalled that overall adjustive status is a summary item including various aspects of the clients' psychological, social, environmental, and family functioning areas. In this sample of interviews, as predicted, directive procedures were used most frequently with clients who were low on overall adjustive status and least with clients who were estimated to be high on overall adjustive status.

The caseworkers' estimates of the clients' feeling toward the caseworker were negatively correlated with B ($r = -.188$, $p < .05$, one-tailed). This variable ranged from a low score corresponding to a "strongly negative" to a high score of "strongly positive." The worker

tended to use directive procedures most frequently with clients who were estimated to have negative feelings toward the worker and least frequently with clients whose feelings toward the caseworker were estimated to be positive. No prediction was made concerning this association; however, it is of interest. It might be reasoned that workers resorted to directive procedures in an attempt to involve and influence clients antagonistic to the worker and, therefore, treatment. It will also be recalled that in the previous chapter it was found that procedure B was used to different extents by the various caseworkers ($p < .01$).

C: Exploratory, Explanatory, Ventilative Procedures

Six of the client characteristics are correlated with procedure C. All of these 6 are negatively correlated. Five of the 6 significant correlations are ego functioning items. Of the 5 significant ego functioning items only one, overall ego functioning, was predicted. At the time of prediction the writer hypothesized a negative association between overall ego functioning and procedure C; however, felt that because of the many expected intervening variables this negative correlation might not be apparent for the sub-categories of ego functioning. The direction of the associations were anticipated (negative); however, the degree of the associations is larger than anticipated. (All of the ego functioning items are negatively associated with C including non-significant associations). Interpretive comments concerning procedure C are made within the context of the findings that C varies in relation to the caseworker and phase variables.

The clients' perception of reality is negatively associated with the occurrence of C ($r = -.234$, $p < .025$). Exploratory, explanatory and ventilative procedures are used most frequently with clients whose perception of reality is estimated as poor and least with those whose perception of reality is estimated to be appropriate.

Intellectual functioning (ego-function) is negatively correlated with the use of C ($r = -.238$, $p < .025$). Procedure C is used most frequently with clients whose intellectual functioning is low and least frequently with clients whose intellectual functioning is high.

The quality of the clients' object relations is negatively correlated with the use of C ($r = -.269$, $p < .01$). Procedure C tends to be used more with clients whose object relations are judged to be poor than with those whose object relations are judged to be good.

Procedure C is negatively correlated with the functional adequacy of the clients' defenses ($r = -.285$, $p < .005$). Exploratory, explanatory, ventilative procedures of type C tend to occur more with clients whose ego defenses are judged to be inadequate than with those who are judged to be adequate.

Overall ego-functioning is negatively correlated with C ($r = -.247$, $p < .025$). It will be recalled that the overall ego-functioning variable is a summary estimate of the adequacy of the clients' ego-functioning. As predicted, C is used more with clients low on overall ego functioning than with clients high on ego-functioning. The only ego items not significantly correlated with C are: (1) Appropriateness of Affect ($r = -.088$); (2) Frustration Tolerance ($r = -.132$); and, (3) Perception of Self ($r = -.166$).

The only client characteristic significantly correlated with procedure C that is not an ego-function is the intensity of the clients' desire to resolve the problem ($r = -.217$, $p < .025$). Procedure C is used more with clients who are estimated to be low in relation to the intensity of the desire to resolve the problem than with clients judged to be high in intensity. No prediction had been made concerning this association. However, the association is of interest. It may be that without a strong desire on the clients' part to resolve his problem less reflection occurs and more of the interview is composed of non-reflective C communication.

Procedure Da: Reflection In the Context of Improving Clients' Perception, Understanding of Others, or His Environment In the Present or Adult Past

Procedure Da is significantly correlated with 3 of the client characteristics.

The variable of clients' overall adjustive status is positively correlated with Da ($r = .210$, $p < .025$). Procedure Da, therefore, tends to be used more frequently with clients who are judged high on overall adjustive status than with those judged low on overall adjustive status. No prediction was made for this association.

The second significant correlation is the clients' attitude toward offer of casework service, which is positively correlated with Da ($r = .289$, $p < .005$). This variable is an assessment of the clients' optimism or pessimism about the expected helpfulness of the service. This correlation indicates that Da is used more with clients who are optimistic about the helpfulness of service than with those who are pessimistic.

The nature of the clients' problem is positively correlated with procedure Da ($r = .204$, $p < .05$). While no prediction had been made for this correlation it is not surprising that worker encouragement of the clients' reflection upon the environment or other individuals is used significantly more with clients whose major problem is a parent-child relationship difficulty than with clients whose major problem is seen by the caseworker as the marital relationship.

It will be recalled that this procedure was unrelated to the variables of prescription, phase, and caseworker. In view of the above low correlations it seems that little of the variation in the use of procedure Da is explained by the study variables.

Procedure Db: Reflection on Clients' Behavior in Terms of Outcome, Consequences, Effects, In the Present or Adult Past

Four of the client characteristics are significantly correlated with Db. No predictions had been made for this procedure on any of the 24 client variables.

Intellectual functioning (ego-function) is positively correlated with Db ($r = .266$, $p < .01$). In other words, Db is used more frequently with clients judged to be high on intellectual functioning than with those judged low on intellectual functioning. This association, while not predicted, could have been expected. Intellectual functioning is an essential element of reflection, especially in terms of decision making, outcome of behavior, etc.

The quality of the clients' object relations are positively correlated with Db ($r = .193$, $p < .05$). Db is used more frequently with clients judged to have good object relations than with those judged to

have poor object relations.

The clients' attitude toward the offer of caseworker service is negatively correlated with Db ($r = -.183$, $p < .05$). Procedure Db occurs more frequently with clients who are pessimistic in their anticipation of the helpfulness of casework service than with clients who are optimistic about service helpfulness.

Finally, Db is positively correlated with the workers' assessment of the clients' participation in the casework interview ($r = .267$, $p < .01$). In other words, Db is used more frequently with clients who are judged to be high in participation in the interview and less frequently with clients who were judged low in participation. It will be recalled that significant differences were found in the use of Db by the 6 caseworkers.

Procedure Dc: <u>Reflection Concerning the Nature of the Clients' Behavior in the Situational Context: Present or Adult Past</u>

Twelve of the 24 client characteristics are correlated with Dc. Nine had been predicted.

Social functioning is positively correlated with Dc ($r = .186$, $p < .05$). As predicted, Dc is used more frequently with clients who are judged to be high on social functioning than with those judged low on social functioning.

Six of the 8 ego-functioning client characteristics are positively correlated with Dc as predicted. Dc is positively correlated with the assessment of: (1) the clients' perception of reality ($r = .282$, $p < .005$); (2) the appropriateness of the clients' affect ($r = .302$, $p < .005$); (3) the clients' frustration tolerance ($r = .209$, p .05); (4) intellectual functioning ($r = .317$, $p < .005$);

(5) functional adequacy of defenses ($r = .379$, $p < .0005$); and (6) overall ego functioning ($r = .285$, $p < .005$).

Dc is positively correlated with the assessment of the clients' degree of discomfort in the problem situation ($r = .299$, $p < .005$). Dc tends to be used more with clients assessed high in discomfort than with those assessed low in discomfort. No prediction had been made for this correlation. It seems that procedure Dc, which could be classified as an "insight-oriented" procedure, tends to be used less if a client is not uncomfortable in his problem situation than when a client is experiencing stress. It will be recalled that the modal rating on this variable was "severe discomfort." Therefore, even in "severe discomfort" situations reflection upon the nature of the clients' behavior tends to occur in this sample.

The intensity of the clients' desire to resolve the problem is correlated positively with Dc ($r = .242$, $p < .025$). Dc, as predicted, tends to be used more with clients who are assessed to be high on their desire to resolve the problem than with those assessed to be low in desire.

Dc is negatively correlated with the clients' attitude toward the offer of casework service ($r = -.229$, $p < .025$). In other words, Dc tends to be used more with clients who are pessimistic about the helpfulness of service (simular to Db). No prediction had been made for this association. It could be reasoned that a clients' negative attitude results in the workers' encouraging reflection upon this attitude.

The clients' participation in the casework interviews is positively associated with Dc ($r = .191$, $p < .05$). Dc, as predicted, is used

more with those clients who are rated high in interview participation than with those rated low on participation (simular to Db).

Procedure Dc is negatively associated with the nature of the clients' problem ($r = -.204$, $p < .05$). Encouragement of client reflection upon the nature of his behavior in the situation or interpersonal context tends to occur more frequently in this sample with clients whose major problem is in the marital relationship than with those whose major problem is a parent-child difficulty. While no prediction had been made this association is not unanticipated.

It will also be recalled that Dc varied significantly in relation to caseworker ($p < .01$).

Procedure Dd: Reflection Concerning Environmental or Interpersonal Factors as Causative or Provocative of Clients' Behavior, Clients' Reactions to Environmental Stimuli, or Immediate Reasons for Clients' Behavior, in the Present or Adult Past

Of the 24 client characteristics only the intellectual functioning (ego-function) variable is significantly correlated with Dd ($r = .219$, $p < .025$). In this sample of interviews Dd is used more frequently with clients assessed to be high on intellectual functioning than with those assessed to be low on intellectual functioning. It is of interest to note that the only other client characteristic that is near significance is the clients' general intelligence ($r = .161$, $p < .05$). Perception of reality and overall ego-functioning are next in order of the size of the correlation coefficient, positive but both non-significant. No predictions had been made for procedure Dd. It appears that little of the variation in this procedure is explained by the study

variables although, it will be recalled, differences related to caseworkers had been found ($p < .05$).

Procedure Dg: Reflection in the Context of Client's Behavior as Related to Values or Norms--in the Present or Adult Past

Seven of the client characteristics are significantly correlated with Dg. Six of these significant correlations are ego-functioning items.

Procedure Dg is significantly correlated (+) with the following ego-functions: (1) clients' perception of reality ($r = .190$, $p < .05$); (2) clients' perception of self ($r = .194$, $p < .05$); (3) the clients' frustration tolerance ($r = .256$, $p < .01$); (4) the clients' intellectual functioning ($r = .215$, $p < .025$); (5) the functional adequacy of the clients' defenses ($r = .192$, $p < .05$); and (6) the summary ego item, the clients' overall ego functioning ($r = .222$, $p < .025$). The two affect items (frustration tolerance and quality of object relations) are not significantly correlated with Dg. All of these correlations were predicted with the exception of the functional adequacy of the clients' defenses.

The only non-ego characteristic significantly correlated with Dg is the clients' participation in the casework interview ($r = .219$, $p < .025$). Dg tends to be used more with clients who are assessed as high in participation and least with those clients assessed to be low in participation. No prediction had been made on this variable, yet the association is not unanticipated and is similar to that found for Db and Dc.

It will be recalled that none of the intervening variables were found to explain the variation in the use of Dg.

Procedure Du: Reflection Concerning the Treatment Situation or the Worker-Client Relationship

Five of the client characteristics are related significantly to procedure Du. None of the ego-functioning items are significantly correlated with Du.

The appropriateness of the clients' goal to the resolution of the problem is negatively correlated with Du ($r = -.320$, $p < .005$). As predicted, Du tends to be used more with clients whose treatment goals are inappropriate than with clients whose treatment goals are appropriate.

Du is negatively correlated with the clients' attitude toward the offer of casework service ($r = -.237$, $p < .025$). As predicted, Du tends to be used more with clients who are pessimistic about the helpfulness of service than with clients who are optimistic about service helpfulness (similar to Db and Dc).

The clients' reaction to the discomfort of the problem situation is positively correlated with the use of Du ($r = .218$, $p < .025$). This implies that Du tends to be used more with clients who attempt to cope with the problem either appropriately (through treatment) or by lashing out rather than by becoming immobilized or withdrawing from the problem. No prediction had been made for this correlation. It could be anticipated that reflection upon the worker-client relationship or treatment considerations increases with clients who tend to become involved emotionally in the treatment relationship. Favorable environmental and familial circumstances would also, therefore, tend to intensify client

involvement in treatment and, therefore, greater use of Du. These two variables are discussed next.

The overall functional adequacy of the family is positively correlated with Du ($r = .243$, $p < .025$). Du is used more often with clients whose families' overall functional adequacy is perceived by the caseworker as high than with those clients viewed as low on this variable. No prediction was made for this association.

Finally, Du is positively correlated with the effect of the clients' environment on the family's efforts at problem resolution ($r = .196$, $p < .05$). This implies that Du is more frequently used with clients whose environmental situation is favorable than with those whose environmental circumstances are unfavorable. No prediction had been made for this association.

It appears that a significant amount of the variation in the use of Du is explained by the study variables. In addition to these significant correlations it will be recalled that Du was found to vary in relation to the prescription x caseworker interaction ($p < .01$), although this was seen to be a function primarily of a single worker.

Procedure E: Reflection Concerning Psychological Dynamics of the Clients' Behavior

Nine of the client characteristics are significantly correlated with the use of procedure E. Eight of these are ego-functioning items while the ninth is the social functioning item. All are positively correlated with the use of E. All of the ego-functioning items are significantly correlated with E. All significant correlations for E had been predicted.

Procedure E is positively correlated with the following ego-functioning items (in the order of magnitude of r): (1) the functional adequacy of the clients' defenses ($r = .338$, $p < .005$); (2) the overall ego-functioning ($r = .323$, $p < .005$); (3) the quality of the clients' object relations ($r = .314$, $p < .005$); (4) the clients' perception of self ($r = .295$, $p < .005$); (5) the clients' perception of reality ($r = .292$, $p < .005$); (6) the clients' frustration tolerance ($r = .256$, $p < .01$); (7) the clients' intellectual functioning ($r = .225$, $p < .025$); and, (8) the appropriateness of the clients' affect ($r = .213$, $p < .025$).

Procedure E is positively correlated with the clients' social functioning ($r = .265$, $p < .01$).

All of these 9 correlations imply, as predicted, that reflection concerning the psychological dynamics of the clients' behavior is more frequently used with clients who are assessed by the caseworker to be high on the various ego-functions and social functioning than with clients assessed low on these areas of functioning.

In combination it seems that a significant amount of the variation in procedure E is explained by the correlations. E was unrelated to the intervening variables of prescription, phase and caseworker.

Procedure F: Reflection Concerning the Client's Development Years: Genetic Material

Two of the client characteristics are significantly correlated with procedure F.

The effect of the environment on the (clients') families' efforts at problem resolution is positively correlated with F ($r = .252$, $p < .025$). As predicted, F tends to be used more frequently with clients

in a favorable environment than with clients experiencing an unfavorable environment.

The appropriateness of the clients' goals to the resolution of the problem is positively correlated with the use of F ($r = .224$, $p < .025$). Procedure F is used more frequently with clients whose goals are assessed by the caseworker to be appropriate to problem resolution than with those clients who are assessed as having goals which are inappropriate to problem resolution. No prediction had been made for this association; however, it is not unanticipated.

Summary

Of the 98 associations hypothesized 35 were found to be significant. For the remaining 23 significant correlations, predictions had been withheld. In the previous discussion all correlations were reported as significant with the direction of the relationship predicted. Using the two-tailed probability 13 of these 23 unpredicted significant coefficients continue to be significant at the $p < .05$ level.

The writer, basing his interpretation upon the above data concludes that the hypothesized association between the client variables and the treatment procedures is generally confirmed in this sample of interviews. The validity of the reported associations between the client variables and the procedures of Dg, E, and F, could be questioned in view of the apparent lack of a continuous distribution. In addition, the writer repeats that in this section only linear associations are investigated and reported. It may well be that many of the procedures and client variables are associated non-linearly.

Factor Score-Treatment Correlations

Factor Analysis

Inspection of the correlation matrix indicated that the client characteristic variables were highly intercorrelated. It seemed apparent that there were a fewer number of underlying dimensions that could account for a significant amount of the variation explained by these correlations.

To facilitate the identification of these underlying components the 22 client variables were intercorrelated and factor analyzed using the principal components method.[1] The resulting factor matrix was rotated to approximate simple structure. The Varimax method of rotation was used. Since use of the Varimax method resulted in orthogonal factors the Varimax factor loading matrix was then used to rotate obliquely. This process resulted in an oblique simple structure solution of the correlation matrix.[2]

The basic data for the factor analysis including the means, standard deviations and the correlation matrix are summarized in Tables 61 and 62.

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[1]The client variable "Nature of Problem" was not included because of coding problems. Since the clients' "Socio-Economic-Status" variable was uncorrelated with the other client variables it was not included in the factor analysis.

[2]The program used is: IBM 1130 Statistical System (1130-CA-06X) Users Manual (1967). For a discussion of the principal components method see: Harry H. Harman, Modern Factor Analysis (2d ed. rev.; Chicago: The University of Chicago Press), pp. 135-186. For a discussion of the method of rotation used see: Hendrickson and White, "Promax: A Quick Method of Rotation To Oblique Simple Structure," British Journal of Statistical Psychology, Vol. 17 (1964), pp. 65-70.

TABLE 61.--Client Variable: Means and Standard Deviations[a]

	Variable[b]	Mean	Standard Deviation
1.	Social Functioning*	6.49	1.52
2.	General Intelligence[c]	3.46	0.70
3.	Perception of Reality*	6.03	1.74
4.	Perception of Self*	5.40	1.74
5.	Appropriateness of Affect*	5.71	1.71
6.	Frustration Tolerance*	5.86	2.05
7.	Intellectual Functioning*	7.09	1.92
8.	Quality of Object Relations*	5.57	1.83
9.	Functional Adequacy of Defenses*	5.80	1.76
10.	Overall Ego-Functioning*	5.97	1.60
11.	Overall Functional Adequacy of Family*	5.29	1.34
12.	Effect of Environment on Efforts at Problem Resolution[c]	3.03	0.89
13.	Overall Adjustive Status*	5.92	1.40
14.	Appropriateness of Goal to Problem Resolution[c]	4.46	1.24
15.	Hopefulness About Problem Resolution[c]	2.08	1.12
16.	Degree of Discomfort in Problem Situation[c]	3.30	0.79
17.	Reaction to Discomfort of Problem Situation[c]	2.86	1.16
18.	Intensity of Desire to Resolve Problem*	5.93	1.81
19.	Feeling Toward Caseworker[c]	3.51	0.78
20.	Attitude Toward Offer of Service[c]	3.24	0.65
21.	Participation in Casework Interview*	6.63	1.40
22.	Motivation for Use of Casework in Problem Solving*	6.74	1.58

[a]A-scale variables are asterisked (*); refer to Appendix VI for frequency distribution tables.

[b]Means were substituted when data were absent for any client.

[c]Refer to supra, pp. 81-91 for frequency distribution tables; also refer to Appendix IV and the coding instructions for corresponding values for each of the variables subcategories.

All of the variables measured by the "A-Scale" (14) with the exception of "Intellectual Functioning" have a mean ranging from 5.00 to 7.00. These are the "Fair" or mid-ratings on the A-Scale. The variable "Intellectual Functioning" with a $\bar{X} = 7.09$ is slightly higher than average. The variation as measured by the standard deviation is similar for most of the A-Scale items with the exception of "Frustration Tolerance" where the variance is relatively large. "General Intelligence," whose mean rating is $\bar{X} = 3.46$ is equivalent to a rating of between "Average," and "High Average." The relatively low variation ($s = 0.70$) indicates that the sample is relatively homogeneous and slightly above average in intelligence. The variable "Effect of Environment on Efforts at Problem Resolution" has a mean rating equivalent to a coding of "neither notably unfavorable nor favorable" ($\bar{X} = 3.03$). The variable "Degree of Discomfort in Problem Situation," has an average coding of near "moderate" ($\bar{X} = 3.30$). The variable "Feeling Toward Caseworker" has an average coding of somewhere between neutral to positive ($\bar{X} = 3.51$) with little variation ($s = 0.78$). Finally, the variable "Attitude Toward Offer of Service" has a mean rating of between "unsure" to "optimistic" concerning helpfulness of service ($\bar{X} = 3.24$) with little variation ($s = 0.65$). It appears from this that the variance for variables #2, #19, and #20 is slightly constricted. For the most part the "A-Scale" items have a mean score near the middle of the "A-Scale" and a relatively moderate range as measured by the standard deviation.[1]

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[1]For further discussion and analysis of the distributions of the client variables refer to supra, pp. 77-91. Also refer to Appendix IV and the coding instruction for corresponding code values for each variable subcategory.

(Part A)

TABLE 62.--Intercorrelations of 22 Client-Variables for 35 Clients--Parts A and B

Variable	1	2	3	4
1. Social Functioning	1.00	.11	.67*	.50*
2. General Intelligence	.11	1.00	- .06	.04
3. Perception of Reality	.67*	- .06	1.00	.67*
4. Perception of Self	.50*	.04	.67*	1.00
5. Appropriateness of Affect	.76*	.04	.64*	.43*
6. Frustration Tolerance	.60*	- .04	.66*	.39*
7. Intellectual Functioning	.48*	.01	.76*	.40*
8. Object Relations	.63*	.07	.73*	.73*
9. Adequacy of Defenses	.67*	- .02	.86*	.51*
10. Overall Ego	.66*	.04	.89*	.62*
11. Adequacy of Family	.45*	.11	.46*	.25
12. Effect of Environment	.06	.02	.32*	.27
13. Adjustive Status	.44*	.04	.65*	.46*
14. Appropriateness of Goal	- .15	- .21	- .17	.35*
15. Hopefulness	- .22	.13	- .06	.12
16. Discomfort	.15	.05	.07	- .16
17. Reaction to Discomfort	- .12	.22	- .08	- .25
18. Desire to Resolve Problem	.00	.14	.10	- .06
19. Feeling Toward Caseworker	.15	.15	.23	.41*
20. Attitude Toward Service	.20	.17	- .01	.33*
21. Participation in Casework	.31*	- .00	.50*	.63*
22. Motivation	.34*	- .02	.50*	.55*

* $p \leq .05$, one-tailed.

5	6	7	8	9	10	11
.76*	.60*	.48*	.63*	.67*	.66*	.45*
.04	- .04	.01	.07	- .02	.04	.11
.64*	.66*	.76*	.73*	.86*	.89*	.46*
.43*	.39*	.40*	.73*	.51*	.62*	.25
1.00	.59*	.56*	.72*	.71*	.72*	.28*
.59*	1.00	.75*	.57*	.72*	.78*	.30*
.56*	.75*	1.00	.63*	.76*	.84*	.36*
.72*	.57*	.63*	1.00	.77*	.87*	.30*
.71*	.72*	.76*	.77*	1.00	.92*	.60*
.72*	.78*	.84*	.87*	.92*	1.00	.48*
.28*	.30*	.36*	.30*	.60*	.48*	1.00
- .05	.01	.11	.05	.30*	.23	.69*
.43*	.52*	.42*	.58*	.57*	.64*	.41*
- .03	- .20	- .24	.09	- .21	- .11	- .24
- .05	- .03	.06	.01	- .18	- .02	- .26
.31*	.22	.14	.09	.17	.11	.00
.19	- .10	- .09	.07	.07	.04	- .09
.07	.13	- .00	.04	.05	.01	- .15
.18	.18	- .01	.18	.03	.13	- .12
.18	- .10	- .27	.18	- .11	- .08	- .22
.42*	.48*	.42*	.61*	.36*	.51*	- .07
.51*	.30*	.27	.51*	.31*	.42*	- .03

(Part B)
TABLE 62.--Intercorrelations of 22 Client-Variables for 35 Clients--Continued

	Variable	12	13	14	15
1.	Social Functioning	.06	.44*	- .15	- .22
2.	General Intelligence	.02	.04	- .21	.13
3.	Perception of Reality	.32*	.65*	- .17	- .06
4.	Perception of Self	.27	.46*	.35*	.12
5.	Appropriateness of Affect	- .05	.43*	- .03	- .05
6.	Frustration Tolerance	.01	.52*	- .20	- .03
7.	Intellectual Functioning	.11	.42*	- .24	.06
8.	Object Relations	.05	.58*	.09	.01
9.	Adequacy of Defenses	.30*	.57*	- .21	- .18
10.	Overall Ego	.23	.64*	- .11	- .02
11.	Adequacy of Family	.69*	.41*	- .24	- .26
12.	Effect of Environment	1.00	.38*	.06	- .12
13.	Adjustive Status	.38*	1.00	- .23	- .01
14.	Appropriateness of Goal	.06	- .23	1.00	.07
15.	Hopefulness	- .12	- .01	.07	1.00
16.	Discomfort	- .26	.12	- .36*	- .26
17.	Reaction to Discomfort	- .33*	- .05	- .16	.00
18.	Desire to Resolve Problem	- .06	.36*	- .25	- .13
19.	Feeling Toward Caseworker	.06	.34*	.08	.50*
20.	Attitude Toward Service	- .07	.15	.39*	.36*
21.	Participation in Casework	- .00	.46*	.18	.23
22.	Motivation	.02	.48*	.18	.20

* $p \leq .05$, one-tailed.

16	17	18	19	20	21	22
.15	- .12	.00	.15	.20	.31*	.34*
.05	.22	.14	.15	.17	- .00	- .02
.07	- .08	.10	.23	- .01	+ .50*	+ .50*
- .16	- .25	- .06	.41*	.33*	.63*	.55*
.31*	.19	.07	.18	.18	.42*	.51*
.22	- .10	.13	.18	- .10	.48*	.30*
.14	- .09	- .00	- .01	- .27	.42	.27
.09	.07	.04	.18	.18	.61*	.51*
.17	.07	.05	.03	- .11	.36*	.31*
.11	.04	.01	.13	- .08	.51*	.42*
.00	- .09	- .15	- .12	- .22	- .07	- .03
- .26	- .33*	- .06	.06	- .07	- .00	.02
.12	- .05	.36*	.34*	.15	.46*	.48*
- .36	- .16	- .25	.08	.39*	.18	.18
- .26	.00	- .13	.50*	.36*	.23	.20
1.00	.35*	.29*	- .27	- .10	.09	.30*
.35*	1.00	.02	- .05	.02	- .28*	- .06
.29*	.02	1.00	.29*	.21	.40*	.38*
- .27	- .05	.29*	1.00	.62*	.56*	.54*
- .10	.02	.21	.62*	1.00	.36*	.54*
.09	- .28*	.40*	.56*	.36*	1.00	.78*
.30*	- .06	.38*	.54*	.54*	.78*	1.00

Table 62 presents the intercorrelations of the 22 client variables.

Inspection of the above correlation matrix indicates that there are a large number of significant intercorrelations among the 22 variables as anticipated. Of the 231 coefficients 101 are significant at the $p \leq .05$ level. In other words 44% of the above intercorrelations are significant at the $p \leq .05$ level.

Table 63 presents the latent roots (eigenvalues) of the above correlation matrix.

As illustrated by Table 63 on the following page, 6 of the latent roots have values greater than 1.0. If the Guttman Criterion were used 6 factors, therefore, would be rotated for the final solution of the matrix.[1] However, since 3 components were predicted the first 3 eigenvalues indicate the proportion of total variance explained by the predicted components.[2] Since all 22 latent roots explain the total variance in the correlation matrix[3] the proportion of the total variance explained by each of the components as well as the proportion of the

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[1]The Guttman lower bound theorem demonstrates that eigenvalues with roots less than 1.0 are statistically insignificant. Use of the Guttman Criterion, therefore, places an upper bound on the number of factors to extract. See, IBM 1130 Users Manual, op. cit., p. 32.

[2]Prior to the final factor analysis a preliminary analysis was computed. The number of factors rotated on the preliminary analysis was based upon the Guttman Criterion. The results of this earlier analysis as well as theoretical expectations led to the prediction and rotation of 3 factors on the final analysis.

[3]Use of the principal components method requires the use of unity in the diagonal. Therefore, the variance explained is not restricted to common variance but includes specific and error variance also.

TABLE 63.--Latent Roots (Eigenvalues) of the Correlation Matrix

Variable	Latent Roots[a]	Proportion of Total Variance Explained[b]
1	7.949768	.36135478
2	3.278831	.14903847
3	2.267107	.10305080
4	1.587520	.07216033
5	1.380122	.06273311
6	1.244175	.05655367
7	0.841541	.03825204[c]
8	0.730019	
9	0.620667	
10	0.413729	
11	0.354688	
12	0.322862	
13	0.240333	
14	0.221197	
15	0.150916	
16	0.126808	
17	0.088344	
18	0.064848	
19	0.044171	
20	0.038641	
21	0.023954	
22	0.009756	.00044345

[a] Latent roots computed by a Householder Tridiagonalization followed by the use of the QR algorithm. See, IBM 1130 Users Manual, op. cit., p. 42.

[b] $\frac{x_i}{\sum x_i}$ where x = latent root.

[c] Remaining proportions are not computed.

total variance explained by the 3 components included in the final solution are computed directly. The last column of Table 63 gives the proportion of the total variance explained by each of the components. The first 3 components explain over 61% of the total variance. The first 6 components (with latent roots greater than 1.0) explain 80% of the total variance.

Table 64 presents the communalities of the 22 variables.

TABLE 64.--Communalities of 22 Client Variables

Variable	h^2	Variable	h^2
1	.585710	12	.534444
2	.051325	13	.531814
3	.857811	14	.452093
4	.768459	15	.311877
5	.681751	16	.638761
6	.649397	17	.360548
7	.676605	18	.349099
8	.759690	19	.653538
9	.898870	20	.665964
10	.922194	21	.752252
11	.639436	22	.754065

As Table 64 indicates variable #2, "General Intelligence," has little of its variance explained by the 3 components (h^2 = .051325). The remaining 21 client variables appear to have a substantial amount of variance explained although the communalities of variables #15, #17, and #18, are relatively low (h^2 = .311877, h^2 = .360548, h^2 = .34099, respectively).

Table 65 presents the sum of the squared loadings of each variable on the 3 factors resulting from the Varimax rotation. In addition the proportion of variance explained by the 3 factors attributable to each of the factors is listed.

TABLE 65.--Sum of Squared Loadings and Proportion of Explained Variance for Each Rotated Factor

Factor	Sum of Squares	Proportion of Explained Variance[a]
I	7.73	.5730
II	3.49	.2587
III	2.27	.1683

a $\frac{x_i}{\sum x_{i-3}}$: where x = sum of squares.

As Table 65 illustrates over 57% of the variation explained by the 3 rotated factors is attributable to Factor I. Over 25% is attributable to Factor II and nearly 17% of the total variation explained by these 3 factors is attributable to Factor III. Factor I is by far of greatest significance in terms of the amount of total variance explained while Factor III explains a relatively small proportion of the variance.

Following specification of the 3 underlying components, as previously stated, the orthogonal factor loading matrix was rotated to an oblique simple structure solution. Table 66 presents the resulting factor pattern matrix which gives the loadings of the 3 predicted factors on the 22 client variables.

TABLE 66.--Factor Pattern Matrix Loadings of Three Factors on 22 Client Variables: Oblique Simple Structure

Client Variables	Factor Loadings		
	I'	II'	III'
1. Social Functioning	-.77	.01	-.03
2. General Intelligence	-.03	-.07	-.21
3. Perception of Reality	-.91	-.02	.10
4. Perception of Self	-.56	-.47	.36
5. Appropriateness of Affect	-.77	-.08	-.26
6. Frustration Tolerance	-.81	.06	-.13
7. Intellectual Functioning	-.84	.18	-.02
8. Quality of Object Relations	-.81	-.20	-.01
9. Functional Adequacy of Defenses	-.96	.21	..02
10. Overall Ego-Functioning	-.97	.05	.03
11. Overall Functional Adequacy of Family	-.62	.44	.38
12. Effect of Environment on Efforts at Problem Resolution	-.28	.13	.66
13. Overall Adjustive Status	-.68	-.16	-.01
14. Appropriateness of Goal to Problem Resolution	.27	-.49	.45
15. Hopefulness About Problem Resolution	.20	-.56	.07
16. Degree of Discomfort of Problem Situation	-.26	.23	-.75
17. Reaction to Discomfort of Problem Situation	.01	.16	-.58
18. Intensity of Desire to Resolve Problem	-.08	-.28	-.50
19. Feeling Toward Caseworker	-.05	-.80	.03
20. Attitude Toward Offer of Service	.14	-.83	-.04
21. Participation in Casework Interview	-.45	-.66	-.07
22. Motivation for Use of Casework in Problem Solving	-.39	-.67	-.21

In order to simplify the interpretation of the factors, loadings less than .35 are discounted. Only 4 of the 22 client variables have loadings greater than .35 on more than one factor (Variables #4, #11, #21, and #22). Only one of the client variables has all loadings less than .35 (General Intelligence, Variable #2, highest loading is -.21). As a result 17 of the 22 variables are significantly loaded on only one of the 3 factors. In order to facilitate interpretation and definition of the 3 factors the client variables are listed in order of the magnitude of their loadings for each factor discounting all loadings less than .35. These loadings together with the direction of the association are listed in Table 67.

TABLE 67.--Significant Loadings: Three Factors on 22 Client Variables

Factor I	Factor II	Factor III
Overall Ego-Functioning (-.97)	Attitude Toward Offer of Casework Service (-.83)	Degree of Discomfort in Problem Situation (-.75)
Functional Adequacy of Defenses (-.96)	Feeling Toward Caseworker (-.80)	Effect of Environment on Efforts at Problem Resolution (+.66)
Perception of Reality (-.91)	Motivation for Use of Casework in Problem Solving (-.67)*	Reaction to Discomfort of Problem Situation (-.58)
Intellectual Functioning (-.84)	Participation in Casework Interview (-.66)	Intensity of Desire to Resolve Problem (-.50)
Quality of Object Relations (-.81)	Hopefulness About Problem Resolution (-.56)	Appropriateness of Goal to Problem Resolution (+.45)
Frustration Tolerance (-.81)	Appropriateness of Goal to Problem Resolution (-.49)	Overall Functional Adequacy of Family (+.38)*
Appropriateness of Affect (-.77)	Perception of Self (-.47)*	Perception of Self (+.36)*
Social Functioning (-.77)	Overall Functional Adequacy of Family (+.44)*	
Overall Adjustment Status (-.68)		
Overall Functional Adequacy of Family (-.62)*[a]		
Perception of Self (-.56)*		
Participation in the Casework Interview (-.45)*		
Motivation for Use of Casework in Problem Solving (-.39)*		

[a] * = "Significantly" loaded on more than one factor.

Reviewing the client variables with high to moderate loadings on Factor I we note that the 7 largest loadings are all ego-functioning items while the eighth loading in order of magnitude is the social functioning variable. "Overall Adjustive Status" which is a summary variable for the multiple indicators of individual and family psychological, social and physical status and functioning is the eighth highest loading on Factor I. The 4 remaining variables with moderate loadings on Factor I have loadings greater than .35 on at least one of the other factors also. With the exception of the last 2 variables listed for Factor I all are measures of the client's psychological and/or social status or functioning. For descriptive purposes, it seems appropriate to define Factor I in terms of the frequently used construct, "psychosocial functioning." While the last 2 variables refer to the client's treatment orientation their moderate loadings on Factor I can be explained as a function of the interdependence of an individual's psychological and social status or functioning and his attitude toward treatment. Since all of the "significant" variables are negatively loaded on Factor I the construct "malfunctioning" will be employed to describe this dimension rather than its positive corollary, "functioning."[1] For descriptive purposes Factor I will be termed "Psychosocial Malfunctioning" and will be hereafter taken as an index of the client's "Psychosocial Malfunctioning."

The 6 variables with highest loadings on Factor II all involve the client's attitude toward the casework service being offered, the

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[1]There appears to be value in defining the factors in the negative rather than converting the signs to the positive.

caseworker, or the problem in relation to treatment considerations. It would seem appropriate, therefore, to define Factor II in terms of the client's attitudes toward and involvement in the casework service being offered him. The last 2 variables with loadings over .35 on Factor II, namely, "Perception of Self," and "Overall Functional Adequacy of Family" do not appear to be directly related to treatment; however, may represent, again, an interdependence between these 2 dimensions and the client's attitudes towards and involvement in treatment. It will be noted, again, that all of the loadings on Factor II, with the exception of the last, are negative. Since the variables with the most significant loadings on Factor II seem to be indicators of the client's involvement in casework treatment and since the loadings are negative this factor will be termed for descriptive purposes "Treatment Alienation," implying an attitudinal separation from treatment. The negative loading on "Perception of Self," seems appropriate. The reason for the moderate positive loading on "Overall Functional Adequacy of Family" is somewhat unclear. It might be suggested that a lack of attitudinal involvement in treatment and a supportive "healthy" family environment tend to be positively associated. Factor II for descriptive purposes will be defined by the construct "Treatment Alienation."

Factor III is less clearly definable. The dimension common to the 7 variables with loadings greater than .35 is not readily apparent. The 5 variables with highest loadings on Factor III are descriptions of the client situation in relation to the problem. The variable with the highest loading in addition pertains to client <u>discomfort</u> in relation to the problem as does the variable with the third highest loading on

Factor III. Both are negatively loaded on Factor III. If we conceptualize Factor III in terms of the client's "Comfort in the Problem Situation" the 7 loadings seem to correlate as expected. Lacking a better descriptive label, therefore, Factor III will be termed "Comfort in the Problem Situation."

In summary, 3 hypothetical components have been identified and labeled that account for a large amount of the variance observed in the intercorrelations of the 22 client variables. These 3 underlying hypothetical dimensions have been descriptively termed as follows:

Factor I: Psychosocial Malfunctioning

Factor II: Treatment Alienation

Factor III: Comfort in the Problem Situation

Factor Score-Procedure Correlations

In addition to rotation of the 3 predicted factors the program also estimated factor scores for each of the observations (clients) on each of the factors.[1] These estimated factor scores are a weighted summation of the original scores on each of the client variables for each client. Table 68 presents the factor scores for the 35 clients on each of the 3 predicted factors.

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[1]IBM 1130 Users Manual, op. cit., pp. 34-35; also, Harry Harman, op. cit., pp. 345-374.

TABLE 68.--Client Factor Scores[a]

Client		Factor		
Case	Spouse[b]	I	II	III
112	H	-1.475	0.317	-0.252
117	H	0.134	0.387	-0.339
117	W	0.220	0.368	-0.124
120	H	0.922	-1.010	-0.695
120	W	1.003	0.088	-0.195
123	H	0.893	0.709	-0.776
123	W	0.833	1.306	-1.098
207	H	-0.000	0.076	1.199
207	W	-0.839	-0.978	0.052
212	H	0.963	0.084	0.611
212	W	0.559	-0.540	0.553
214	H	-0.051	-0.973	0.728
214	W	1.488	-0.524	0.887
219	H	1.893	0.616	1.312
219	W	1.546	0.558	1.704
225	H	0.437	0.242	1.649
405	H	-1.454	-0.268	1.070
405	W	-0.428	0.255	0.984
407	W	-0.563	0.043	-1.234
417	H	0.328	0.328	-0.288
417	W	0.262	0.227	-0.416
505	H	0.722	-0.654	-1.345
505	W	1.231	-0.458	-2.228
519	H	-1.323	-1.034	0.288
708	W	-1.547	-0.592	0.938
711	W	0.093	-0.165	-0.844
712	H	-0.551	-1.847	-0.784
712	W	0.458	-1.374	0.503
802	W	-0.151	1.252	-0.126
806	W	0.033	0.376	-2.235
813	H	-1.320	-0.348	-0.052
813	W	0.186	3.969	0.620
817	H	-1.631	-1.184	0.700
817	W	-1.531	0.059	0.425
818	H	-1.338	0.691	-1.191

[a] Factor Scores are in standard form.

[b] H = husband; W = wife.

The factors are correlated with each of the treatment procedures in a final exploration of the relationship between the client components and the treatment procedures. The proportionate use of the treatment procedures has been correlated with each of the factor scores. Correlation matrices were computed independently for each of the 3 phases of treatment. As a result the correlation between each factor and each procedure is stated specifying phase. Each phase was treated separately for several reasons. First, phases are not independent of one another since interviews in the various phases are drawn from the same 35 clients. Second, it was anticipated that the relationships between factors and procedures would vary in relation to differences of treatment phase. Finally, since the caseworkers' original ratings were made immediately prior to phase I, it would be expected that the relationship between those ratings and the caseworkers' activity would be strongest during phase I (shortly following the ratings) and weakest during phase III (temporally furthest from the original ratings). However, the effect of the interaction between the last 2 considerations, namely, treatment-phase differences and temporal distance factors, is unknown and possibly complex.

In addition to calculating the correlations the computer also printed out scattergrams for each coefficient. Unfortunately, scattergrams are not available for phase I coefficients. Table 69 presents the 3 correlation matrices interrelating the 11 treatment procedures with the 3 factors for each of the 3 phases of treatment.

TABLE 69.--Factor-Procedure Intercorrelations: 11 Procedures Over 3 Factors and 3 Phases[a]

Treatment Procedure	Phase I			Phase II			Phase III		
	Factor[b]			Factor[b]			Factor[b]		
	I	II	III	I	II	III	I	II	III
A	.038	.031	-.275	.100	.049	.202	-.077	.160	.219
B	.246	-.116	-.142	.112	.269	-.063	.315	.317	-.320
C	.241	.133	-.020	-.265	.010	-.180	.380[c]	-.275	.586[e]
Da	-.191	-.368[d]	.252	.223	-.142	.092	-.189	.220	-.319
Db	-.059	-.048	-.040	-.265	-.129	.185	-.085	.126	-.459[d]
Dc	-.141	.230[d]	-.275	-.411[d]	-.011	-.078	-.402[c]	.050	-.309
Dd	-.053	-.101	.106	-.152	-.079	.046	.037	.202	-.177
Dg	-.305[c]	-.128	.021	-.022	-.184	-.074	-.205	.350	.072
Du	-.100	.228	.065	.008	.509[e]	-.231	-.224	-.177	-.050
E	-.394[d]	.097	-.110	-.356[c]	-.019	.035	-.166	-.288	.198
F	.083	.102	.447[e]	-.096	.045	.230	-.202	-.303	.156

[a] N = 35 clients (Phase I); 29 clients (Phase II); 22 clients (Phase III): Pearson Product Moment Correlation.

[b] Factor I = Psychosocial Malfunctioning; Factor II = Treatment Alienation; Factor III = Comfort in Problem Situation.

[c] $p \leq .05$ (direction predicted).

[d] $p \leq .025$ (direction predicted).

[e] $p \leq .005$ (direction predicted).

[For significance at the $p = .05$ level, direction predicted: Phase I ($r = .296$); Phase II ($r = .311$); Phase III ($r = .360$).]

Procedure A, sustaining procedures, is not significantly correlated with any factor in any of the 3 phases of treatment. However, the correlation between A and F_3 approaches significance in the expected direction for phase I ($r = -.275$).[1] This indicates that there is a non-significant tendency for sustaining procedures to be used less with clients seen as comfortable in their problem situation than with those judged by the caseworker not to be comfortable in their problem situation for the 35 interviews in phase I. The direction of this association changes to positive for phase II and III interviews and the strength of the relationship drops far below significance indicating no relationship between procedure A and F_3 for interviews in phases II and III.

Procedure B, directive procedures, is not significantly correlated with any of the factors in any phase. However, several non-significant correlations are of interest. Directive procedures tend to be associated with psychosocial malfunctioning in phases I and III ($r = .246$ and $r = .315$, respectively) as would be expected. Similarly, directive procedures tend to be used with clients scoring high on F_2, Treatment Alienation, for interviews in phases II and III ($r = .269$ and $r = .317$, respectively). Finally, directive procedures tend not to be used in those interviews of phase III scoring high on F_3, Comfort in the Problem Situation ($r = -.320$).

Procedure C, exploratory and ventilative procedures, is significantly correlated with 2 of the factors in phase III interviews. Exploratory and ventilative procedures tend to be used during this phase

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[1] In the discussion of factors, Factor I will be designated as F_1, Factor II as F_2, Factor III as F_3.

with client's scoring high on F_1, Psychosocial Malfunctioning, and F_3, Comfort.[1] The correlation between procedure C and F_1 ($r = .380$) is significant at the $p < .05$ level while the correlation between procedure C and F_3 is relatively large ($r = .586$) and significant at the $p < .005$ level. Again, both of these associations are in the expected direction. While non-significant the direction of the association between F_1 and procedure C is also positive for phase I and II interviews ($r = .241$ and $r = .265$, respectively). This is not true for the association between procedure C and F_3 where the relationship vanishes on phase I ($r = -.020$) and reverses although non-significant for phase II interviews ($r = -.180$). The direction of the relationship between procedure C and F_2 is not constant over phases nor does it approach significance on any phase.

Procedure Da, encouragement of client's reflection upon other persons, or the environment, is significantly correlated with F_2 for the interviews in phase I ($r = -.369$, $p < .025$). In other words, encouragement of the client's reflection upon others or upon the environment tends to be used less with clients scoring high on treatment alienation than with those scoring low on treatment alienation. The direction of this relationship remains negative for phase II interviews although the correlation is non-significant. In phase III the relationship between procedure Da and F_2 reverses although the correlation is non-significant in all phases approaching significance in phases I ($r = .252$) and III ($r = -.319$). Encouragement of the client's reflection upon others or

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[1] Factor III will be periodically referred to as "Comfort." It is essential to recall that this refers to comfort in the problem situation.

the environment tends to be used more with clients scoring high on "Comfort" (F_3) than with those scoring low in "Comfort" on phase III interviews. Procedure Da appears unrelated to F_1 in view of the low and directionally inconsistent correlations across phases.

Procedure Db, encouraging reflection upon the outcome or effect of the client's behavior upon others, his environment, his situation, or upon himself, is significantly associated (negative) with F_3, Comfort, on phase III interviews ($r = -.459$, $p < .025$). In other words, during phase III interviews the caseworker tended to use procedure Db less with clients high on Comfort in their problem situation than with those viewed as low in Comfort. This relationship does not approach significance in either phase I or II. Although non-significant procedure Db tends to be negatively associated with F_1, Psychosocial Malfunctioning, in phase II ($r = -.265$).

Procedure Dc, encouragement of client reflection upon the nature of his own behavior, is negatively correlated with F_1, Psychosocial Malfunctioning, in all 3 phases. The relationship between Dc and F_1 is not significant for the phase I interviews. Dc and F_1 are significantly correlated for the phase II interviews ($r = -.411$, $p < .025$) as well as the phase II interviews ($r = -.402$, $p < .05$). This implies that in the sample of interviews studied the caseworkers tended to use procedure Dc, encouragement of client reflection upon the nature of his own behavior, less with clients judged to be high on Psychosocial Malfunctioning than with those judged to be low on Psychosocial Malfunctioning with the association strongest in phase II interviews, and weakest in phase I interviews (non-significant). Procedure Dc is positively correlated with F_2 for phase I interviews ($r = .320$, $p < .05$) and not correlated

with F_2 for phase II or III interviews. This implies that in the sample of interviews occurring during phase I, encouragement of client reflection upon the nature of his behavior tended to be used more with clients seen as high on Treatment Alienation than with those seen as low in Treatment Alienation. The relationship between procedure Dc and F_3 is consistently negative across all 3 treatment phases. While none of the Dc-F_3 correlations are significant those of phase I and III approach significance ($r = -.275$, $p > .05$ and $r = -.309$, $p > .05$, respectively). The Dc-F_3 correlation for phase II interviews approaches zero. In other words, while not significant, procedures encouraging client reflection upon the nature of his behavior tend to be used less with clients judged to be high on "Comfort" than with those assessed to be low on "Comfort" during interviews occurring in phases I and III of treatment.

Procedure Dd, encouragement of client reflection upon interpersonal or environmental factors playing a causative or provocative role in his behavior, is not associated with any of the factors on any phase in the sample of interviews studied.

Procedure Dg, encouragement of client reflection upon his behavior from the viewpoint of values and norms (rather than outcome in terms of consequences), is negatively associated with F_1. This association is significant for interviews occurring during phase I ($r = -.305$, $p < .05$) but very weak and non-significant for phase II and III interviews. This implies that at least for interviews occurring during phase I, reflection upon the outcome of the client's behavior in relation to values or norms tends to be used less with clients scoring high on Psychosocial Malfunctioning than with those clients low on Psychosocial

Malfunctioning.[1] The correlation between procedures Dg and F_2 for phase III interviews approaches significance ($r = .350$, $p > .05$). This implies that while non-significant, reflection upon the outcome of the client's behavior in reference to values or norms tends to be used more with clients judged as high on Treatment Alienation than with those judged low on Treatment Alienation for interviews in phase III. While non-significant the direction of this association is reversed in phase I and II interviews.

Procedure Du, encouragement of client reflection upon treatment considerations or worker-client interaction, is positively correlated as expected with F_2, Treatment Alienation, for interviews in phases I and II. The phase I correlation is not significant ($r = .228$, $p > .05$) while the phase II Du-F_2 correlation is highly significant ($r = .509$, $p < .005$). The direction is reversed and non-significant on phase III interviews ($r = -.177$, $p > .05$). In other words, in the phase II interviews worker encouragement of client reflection upon treatment or worker-client consideration was used significantly more with clients judged to be high on Treatment Alienation than with those judged low on this component. Procedure Du is not significantly correlated with F_1 or F_3 for any of the phases.

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[1] Due to the large number of interviews in which procedures Dg, E and F were not used at all the data may not be considered to represent a continuous population. As a result the use of the Pearson product moment correlation as a measure of association is questionable. As a result the relationships described between Dg, E, F and the factors as measured by r are presented as tentative. Each of these associations will be further examined using non-parametric tests of significance at a later point in this chapter.

Procedure E, communications designed to contribute to or encourage reflective consideration, awareness, or understanding of the psychological dynamics of the client's own behavior, is negatively correlated with F_1 for interviews in all phases. This association is significant for interviews in phases I and II ($r = -.394$, $p < .025$ and $r = -.356$, $p < .05$, respectively), but not significant for interviews in phase III ($r = -.166$, $p > .05$). Therefore, E tends to be used less with clients high on Psychosocial Malfunctioning than with those low in this component with the relationship strongest in phases I and II and non-significant in phase III. E does not appear to be associated significantly or in any patterned manner with F_2 and F_3.

Procedure F, communications encouraging reflective consideration of aspects of the client's developmental years (genetic material), is positively correlated with F_3. This association is strongest in phase I interviews ($r = .447$, $p < .005$) and progressively lessens in relation to phase II ($r = .230$, $p > .05$) and phase III ($r = .156$, $p > .05$). Worker encouragement of client reflection upon genetic or developmental material tends to be used more with clients high on the "Comfort" component than with those judged to be low on the "Comfort" component. In the sample of cases studied this relationship progressively decreases in relation to phase. Procedure F and factor II are negatively correlated for the interviews of phase III although this correlation is not significant ($r = -.303$, $p > .05$).

Use of the product-moment correlation assumes that the relationships between the procedures and factors are linear in form. Since scattergrams are available for the phase II and III associations the

form of the relationships can be inspected visually. A visual inspection of these scattergrams does not indicate that there exists any noticeable non-linear relationships between the procedures and the factors.

Non-Parametric Analysis

As mentioned earlier it may not be valid to assume that the procedures Dg, E and F are drawn from a continuous population since in the majority of interviews these procedures do not occur. Each procedure is, therefore, dichotomized into "used" and "not used." Similarly, each factor is dichotomized using the factor scores. Clients scoring positively (+) on a factor are contrasted with clients scoring negatively on a factor. Twenty-seven two-by-two contingency tables interrelating the 3 procedures with the 3 factors over 3 phases of treatment are produced. The resulting distributions were tested for significance using either the Fisher's exact test or the x^2 test.[1]

Table 70 presents the dichotomized distribution of procedures Dg, E, and F for the 3 phases of treatment.

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[1]Sidney Siegel, op. cit.

TABLE 70.--Dichotomized Distribution of Treatment Procedures Dg, E, and F Over 3 Phases

Procedure	Treatment Phase					
	I		II		III	
	Used	Not Used	Used	Not Used	Used	Not Used
Dg	12	23	14	15	10	12
E	4	31	8	21	6	16
F	6	29	8	21	6	16

Inspection of Table 70 indicates that procedure Dg readily lends itself to dichotomization with relatively large N's in both the "used" as well as the "not used" categories. For E and F the number of interviews in which the procedures were used is quite small. It is readily apparent that unlike the other procedures, E and F were most often not used.[1]

The x^2 test for 2 independent samples was used to test for the significance of the treatment procedure/factor score associations. However, if the expected frequency of any cell was less than 5 the Fisher exact probability test was used. Table 71 presents the results of these tests.

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[1] Supra, pp. 116-125.

TABLE 71.--Significance Levels for Associations between the Procedures and Factor Scores over 3 Phases: Non-Parametric Analysis[a]

	Phase[b]								
	I			II			III		
	Factor[c]			Factor[c]			Factor[c]		
Procedure	I	II	III	I	II	III	I	II	III
Dg	p<.25	p<.01 (-)[e]	p<.45	p=.113	p>.05	p>.05	p>.05	p=.056 (+)	p>.05
E	p=.026 (-)	p=.32	—[d]	p=.31	—[d]	—[d]	p>.05	p>.05	p>.05
F	—[d]	—[d]	p=.0762 (+)	p=.15	p=.059 (-)	p=.16	p>.05	p>.05	p>.05

[a] Direction Predicted.

[b] N = 35 clients (Phase I); 29 clients (Phase II); 22 clients (Phase III).

[c] I = Psychosocial Malfunctioning; II = Treatment Alienation; III = Comfort in Problem Situation.

[d] Significance not tested. Non-significance apparent on inspection of contingency table.

[e] Direction of the association is indicated within brackets.

Procedure Dg, encouragement of client reflection upon his behavior in relation to values or norms, is negatively associated with Treatment Alienation (F_2) in phase I and positively associated with F_2 in phase III. In other words, for interviews in phase I, Dg occurred more frequently with clients low on Treatment Alienation than with those judged high on Treatment Alienation. This association is reversed in phase III interviews with Dg used more often with clients high on

Treatment Alienation than with those low on Treatment Alienation. Neither of these relationships were significant in the earlier analysis using the product moment correlation. The significant relationship between Dg and F_1 on phase I interviews found earlier using the product moment correlation ($r = -.394$, $p < .025$) vanished using x^2 ($p < .25$). The significant correlation found earlier appears to be due to a few extreme cases (apparent upon inspection of the scattergram) accompanied by the many zeroes.

Procedure E, communications designed to contribute to or encourage reflective consideration, awareness, or understanding of the psychological dynamics of the client's own behavior, is negatively associated with F_1 for interviews in phase I ($p = .0260$). This finding is in agreement with the earlier association measured by the product moment correlation ($p < .025$). However, the correlation between F_1 and E for phase II interviews found to be significant using the product moment coefficient ($p < .05$) vanishes when the Fisher exact probability is computed ($p = .31$). Again, the differences seem to be due to the effect of a large number of zero frequencies and a few extreme values on the product moment coefficient.

The correlation between procedure F, communications encouraging reflective consideration, awareness or understanding of the clients' behavior during his developmental years, and F_3 for the phase I interviews found earlier ($r = .447$, $p < .005$) is sustained using the Fisher exact test although the probability is less extreme ($p = .0762$, direction predicted). This supports the finding that procedure F tends to be used in the phase I interviews more with clients high on the

"Comfort" component than with those low on this component. Use of the Fisher test also indicates that procedure F and F_2 for the phase II interviews are significantly correlated. Procedure F tends to be used more with clients low on Treatment Alienation than with those high on this component ($p = .059$). (The product moment correlation computed earlier was $r = .045$).

Basing our findings upon both the correlational analysis and the analysis employing the x^2 and Fisher exact test we conclude that of the 99 relationships (11 procedures, 3 factors, 3 phases) 13 are significant or near significant ($p \leq .05$, direction predicted). Five of these significant relationships occur during phase I, 3 during phase II and 5 during phase III.

VII. DISCUSSION AND CONCLUSIONS

The Study Problem

The study has been an exploratory analysis of the relationship between the caseworkers' assessments of thirty-five clients on twenty-four diagnostic characteristics and the treatment procedures used by the same worker with the client in the interview. The procedures used with these clients have been determined through the content analysis of eighty-seven tape recorded interviews.

The variation in the proportionate use of the procedures associated with the independent variables of casework method prescription, treatment phase, and caseworker have also been examined.

The Treatment Procedures

The procedures have been conceptualized and classified using the typology developed by Florence Hollis as adapted for use with tape recordings. The procedures have been analyzed quantitatively. In essence in this sample of interviews the bulk of the verbal caseworker communication can be described as:

1. Encouragement of client reflection upon situational and interpersonal factors in the present and recent past (D).
2. Exploration as well as encouragement of client ventilation (C).

Four types of casework activity were found to occur less frequently. In nearly 80% of the interviews reflection upon psychological dynamics and/or genetic material was completely lacking. Sustaining and directive procedures occurred in nearly all interviews yet their proportional use was relatively low. On the average the workers made approximately five statements per interview judged to be purely of a sustaining nature (A). Approximately ten statements were made by the worker per interview judged to be purely directive in nature (B).

The Hypotheses

Casework Method Prescription

The random assignment of cases in the Casework Methods Project to either the Modifying or the Supportive Casework Method was expected to alter the use of treatment procedures. If method assignment was effective both of the following hypotheses should have been substantiated.

H_2: The workers' proportionate use of treatment procedures of a Sustaining type (A) are greater among cases assigned to the Supportive Method of casework service than among cases assigned to the Modifying Method of casework service.

H_3: The workers' proportionate use of treatment procedures of type E and F are greater among cases assigned to the Modifying Method of casework service than among cases assigned to the Supportive Method of service.

Differences in the mean use of each of the eleven procedures between casework methods, among treatment phases, and among workers have been examined using the analysis of variance technique. The differences between methods in the mean use of procedures A, E, and F were found to be non-significant. The mean use of procedures A, E, and F did not differ significantly averaging over all other variables, nor in

interaction with treatment phase and caseworker. On the basis of the results of the analysis of variance of these three procedures neither of the null hypotheses of no difference can be rejected at the $p \leq .05$ level.

Differences in the use of procedures Dg, E, and F were also examined using the x^2 test. Interviews were dichotomized into those where the procedure had occurred and those where it had not occurred. Differences in frequencies were then examined in relation to the method assignment. The differences in the frequency of use of procedure E was found to be non-significant ($.70 < p < .80$). On the basis of both the analysis of variance and the x^2 test the null hypothesis of no difference in the use of procedure E is unable to be rejected.

The results of the x^2 test indicate that averaging over all other variables the differences in the frequency of procedure F between the Modifying and Supportive Methods is significant at the $p < .005$ level in the predicted direction. Procedure F was used in sixteen of the forty-four Modifying interviews and in only five of forty-three Supportive interviews.

However, the results of the x^2 test also indicated that there was a significant difference in the use of procedure F among workers.[1] On this basis the writer hypothesized that the observed difference in the use of procedure F between methods was spurious. The differences were hypothesized to be a function of the caseworkers represented rather than method. Upon inspection it was found that half of the workers (three) did not use procedure F in any of their combined twenty-eight interviews.

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[1]To be discussed below, <u>infra</u>, pp. 212-219.

Fifteen of these twenty-eight interviews were in the Supportive prescription and thirteen in the Modifying prescription. It is apparent, therefore, that half of the caseworkers were unaffected in their use of procedure F by method prescription. The remaining three caseworkers were found to have used procedure F in twenty-one of their fifty-nine interviews. For these caseworkers procedure F was used in 51% (sixteen of thirty-one) of their Modifying interviews and in 18% (five of twenty-eight) of their Supportive interviews. Using x^2 this difference was found to be significant at the $p < .01$ level. It seems evident, therefore, that there is a significant interaction effect between prescription and caseworker in the use of procedure F. Procedure F occurs in significantly more Modifying interviews than Supportive interviews for caseworkers whose repertoire of procedures includes the use of F. However, differences for any one of these three workers were found to be none-significant using the Fisher's exact probability test.

The writer concludes that H_2 and H_3 are not substantiated in this study. This conclusion is drawn with a single qualification. Combining interviews from caseworkers who in at least one interview used procedure F this procedure occurs significantly more in interviews drawn from the Modifying prescription than from the Supportive prescription.

Although differences related to method assignment were not predicted for the remaining eight procedures differences were examined. The mean proportionate use of these eight procedures did not differ between the Modifying and Supportive prescriptions averaging over all variables. The means resulting from the interaction of prescription and

caseworker were found to differ significantly for procedures C, Dd, and Du. No patterns were evident.

In summary, it seems apparent that the effect of prescription upon the use of the treatment procedures in this sample of interviews is minor and occurs only infrequently in interaction with some caseworkers on four of the eleven procedures.

Treatment Phase

The study anticipated differences in the proportionate use of the treatment procedures associated with treatment phase. Two hypotheses were tested.

H_4: The workers' proportionate use of treatment procedures of type C are greater among interviews in phase I than in either phase II or phase III.

H_5: The workers' proportionate use of treatment procedures of type E are greater among interviews in phase III than in phase I.

The variation in the use of the eleven procedures among the three phases of treatment were examined using the analysis of variance test. The null hypothesis corresponding to H_4 was rejected at the $p < .01$ level. In this sample of interviews procedure C (exploratory, explanatory and ventilative procedures) was used significantly more in phase I interviews than in either the phase II or III interviews averaging over other variables. Upon inspection it appears that procedure C does not vary significantly between phases II and III averaging over other variables.

Although the results of the phase x worker interaction prohibit interpretation due to insufficient data, inspection of the means

indicated that two of the six caseworkers used procedure C more in phase II or III than in phase I.

The relationship between phase and procedure E was examined both by an analysis of variance test and the x^2 test. Neither yielded significant differences (x^2: $.20 < p < .30$). Therefore, H_5 is not substantiated in this sample of cases.

While predictions were not made for the remaining nine procedures the variance in their proportionate use was examined in relation to phase. None of these procedures were found to vary in their mean use among phases averaging over other variables. Phase in interaction with prescription and/or worker did not account for a significant amount of the variation in these nine procedures (controlling for workers).

In summary, the writer concludes that H_4 is substantiated. Averaging over other factors procedure C is used proportionately more in early interviews (one through four) than later interviews (five through fourteen). However, this generalization does not appear independent of the worker variable. Two of the six workers use C similarly or proportionately more in later interviews than in early interviews. Furthermore, C is the only procedure in this sample of interviews used to a greater or lesser extent contrasting phases. The null hypothesis corresponding to H_5 is not rejected for this sample of interviews.

The Caseworker

The study anticipated differences in the proportionate use of the procedures among the six caseworkers. A general hypothesis was formulated.

H_6: The caseworkers vary in their proportionate use of the treatment procedures.

While it may have been desirable to specify which of the procedures were expected to be most sensitive to worker variation the investigator did not have evidence for such refinements of the hypothesis.

Differences were explored using the analysis of variance procedure. Averaging over other study variables the mean proportions for procedures B, C, Db, Dc, and Dd were found to differ significantly among caseworkers. In addition using the x^2 test the frequency of interviews in which procedure F occurred was found to differ significantly among caseworkers at the $p < .001$ level.

Caseworker x prescription interaction also explained a significant amount of the variation in the use of procedures C, Dd, and Du.

While the results of the phase x worker interaction effects must be interpreted with caution it seems apparent upon inspection of the cell means that a significant amount of the variation in procedures B, C, Da, Db, and Dd is explained by this effect.

The only procedures without a significant amount of variation explained by the main effects of the worker variable are A, Da, Dg, Du, and E. Procedures A, Dg, Du and E were found to occur with little variation.

In summary, of the seven procedures with at least moderate variation in usage (B, C, Da, Db, Dc, Dd, F) six are found to have a significant amount of that variation explained by the differences among caseworkers averaging over other variables. In addition, the interaction effects appear to explain a significant amount of variation in six of the eleven procedures including procedures Da and Du. The variation

among workers upon examination appears extremely complex. The writer has not attempted to locate patterns in worker variation. Such an examination would obviously deserve and require other studies.

The Intervening Variables: Conclusions

The three intervening variables were examined for secondary purposes. Prior to an assessment of the relationship between the procedures and the client variables the effects of prescription, phase, and caseworker required examination.

It seems apparent that the relationship between the workers' use of the procedures and the assessments on the client variables should not be affected by the prescription variable, nor, with the exception of procedure C, the treatment phase variable. However, the amount of variation explained by the caseworker differences is quite large. Ideally, further analysis of the procedure and client variable associations would control for the caseworker variable. Unfortunately, because of the small number of observations available such control has not been possible in this study. As a result, the examination of procedures and client variables has been conducted averaging over caseworkers. At least three limitations, therefore, are kept in mind when interpreting the procedure-client characteristic associations:

1. The significant associations may be attributable to unspecified worker factors.

2. The extent of the procedure-client characteristic associations may be de-emphasized as a result of the failure to control for caseworker.

3. Interaction differences are not specified. The association between the procedures and the client variables could well vary in interaction with the worker variable.

Procedure-Client Characteristic Predictions

The major study hypothesis predicted an association between the eleven procedures and the twenty-four client characteristics.[1] A general hypothesis had been formulated.

H_1: The treatment procedures used by the caseworker in the interview are associated with the caseworker's assessment of the client characteristics.

The major hypothesis involved an examination of 264 associations (eleven procedures and twenty-four client variables). The study did not predict nor does casework theory indicate that all of the procedures would be significantly associated with all of the client variables. All possible associations have been examined for the exploratory objective of identifying those client characteristics that do influence the casework treatment process. Specific significant correlations were predicted for 37% or ninety-eight of the total 264 associations. Predictions were withheld for the remaining 166 possible relationships (64%) either because significant associations were not theoretically anticipated or because the complexity of the anticipated association prohibited prediction.

Of the ninety-eight hypothesized procedure-client associations thirty-three (34%) were found to be significant at the $p \leq .05$ level.

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[1]Four of the original twenty-eight client variables were not examined due to lack of variation or measurement difficulties.

Of the 166 associations for which predictions had been withheld twenty-five (15%) were found to be significant at the $p \leq .05$ level with the direction predicted. Although significant associations had not been anticipated for these twenty-five correlations (degree) the direction of the associations were theoretically indicated and, therefore, permitted the use of one-tailed tests.

It is apparent that while the majority of the predicted associations did not occur (66%) a much larger number did occur than would have been expected by chance. Five significant associations would have been expected by chance whereas 33 occurred. The twenty-five non-hypothesized significant associations also exceeds that expected by chance.

In general terms, therefore, on the basis of these findings the conclusion is drawn that the client variables examined are associated with the treatment procedures used to a degree significantly greater than that anticipated by chance alone.

In order to examine the major study hypothesis in greater detail results are summarized in Table 72 for each of the procedures.

TABLE 72.--Summary of the Procedure and Client Characteristic Significant Correlations

Treatment Procedure	Significant Associations			Total
	Predicted N	Predicted/Occurred N	Not Predicted/Occurred N	
A	15	1 (7%)	0	1
B	11	5 (45)	3	8
C	3	1 (33)	5	6
Da	4	0 (0)	3	3
Db	0	0 (-)	4	4
Dc	15	9 (60)	3	12
Dd	0	0 (-)	1	1
Dg	8	5 (62)	2	7
Du	8	2 (25)	3	5
E	17	9 (53)	0	9
F	17	1 (6%)	1	2
Total	98	33	25	58

As Table 72 illustrates there is an apparent variation among the procedures in the extent of the association with the client variables. This data can be summarized from three perspectives: (1) The extent to which the predicted associations for each of the procedures occurred; (2) The extent to which unanticipated associations occurred; (3) The extent to which each of the procedures is influenced by the client variables.

From the first perspective, the extent to which the predicted association for each of the procedures actually occurred, two procedures were far less highly related to the client characteristics than anticipated, procedures A and F. Sustaining procedures and reflection upon genetic material in this sample of cases are far less highly associated or "determined" by client characteristics than expected. The predicted associations for procedures Dc, Dg, E and B are generally confirmed. Those for procedures C and Du were moderately confirmed. Few predictions were made for procedure Da and none were confirmed (four predictions).

From the second perspective, non-predicted associations, five procedures (A, Dd, Dg, E, F) have fewer unpredicted significant associations than would be anticipated as due to chance (2.4). The remaining procedures have a moderate number of significant, unpredicted correlations beyond chance.

Finally, perhaps of greatest interest is the extent to which each of the procedures is "influenced" by the total 24 client characteristics irregardless of whether the associations were predicted or not predicted. Again, procedures A and F as well as Dd have fewer significant correlations than that expected by chance, not predicting direction. The writer concludes, therefore, that on the basis of the evidence derived from this method of analysis procedures of a sustaining type (A), procedures encouraging client reflection upon genetic material (F), and procedures encouraging client reflection upon reactions to external factors or environmental and interpersonal causes of his behavior in the present or adult past (Dd) are not significantly associated with the client

variables beyond that attributable to chance due to sampling error. The lack of association between procedure Dd and, especially, procedure F may be partially due to the effect of the intervening variables. A significant amount of the variation in procedure Dd was explained by caseworker differences. A significant amount of the variation in the use of procedure F was explained both by the differences among caseworkers and also by prescription in interaction with the caseworker variable. It could well be that controlling for these variables significant associations could be found. The lack of relationship between procedure A and the client variables could partially be attributable to the relatively infrequent use of this procedure accompanied by a lack of variation. This procedure in this sample of cases appears to occur a little in most interviews and not extensively in any one interview.

The eight remaining procedures are significantly correlated beyond chance with the client variables. The "intensive" procedures of Dc, Dg, and E are among the most highly related and sensitive to the client variables. The directive procedure (B) is also among the most highly influenced procedures.

The writer concludes, therefore, that on the basis of the correlational analysis the major study hypothesis is confirmed for eight of the eleven procedures (B, C, Da, Db, Dc, Dg, Du, E). The null hypothesis of no association is not rejected for the remaining three procedures (A, Dd, F).

The major study hypothesis prompted one further method of analysis. Since the twenty-four client variables were found to be highly intercorrelated the investigator hypothesized that there existed a fewer

number of underlying dimensions that could account for a large amount of the variation observed in the intercorrelations. These underlying dimensions were further hypothesized to be significantly correlated with the treatment procedures. On this basis the client variables were factor analyzed. Three hypothetical factors were identified: (1) Psychosocial Malfunctioning (Factor I); (2) Treatment Alienation (Factor II); (3) Client Comfort in the Problem Situation (Factor III). Factor scores were calculated for each client. These factor scores were then correlated with the treatment procedures. In addition associations were examined using non-parametric tests of significance for the low-frequency procedures. Associations were examined within treatment phases in order to minimize interview interdependence and control for phase.

Five of the eleven treatment procedures were found to be significantly correlated with the factors beyond the extent expected by chance: (1) Exploratory and ventilative procedures (C); (2) Encouragement of client reflection upon the nature of his behavior (Dc); (3) Encouragement of reflection upon client behavior from the viewpoint of values or norms (Dg); (4) Encouragement of reflection upon dynamic material (E); and (5) Encouragement of reflection upon genetic material (F). The procedures of A, B, and Dd were without a single significant association. The remaining three, procedures Da, Db, and Du, were significantly associated with the factors in only a single instance and this association could be attributable to chance.[1] The sensitivity of procedures C, Dc,

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[1]Nine associations were examined for each procedure (three phases and three factors). Therefore, at the $p \leq .10$ level, direction not

Dg and E to the client characteristics found on the earlier correlational analysis is sustained in relation to the generalized factors. The association between procedure F and the factors varies from the previous finding of a lack of F and client characteristic association. This seems to indicate that while procedure F is unassociated with specific client variables its use by the caseworkers varies in relation to the more highly generalized client factor components.

In summary, on the basis of the findings of the correlational analysis and the factor analysis the writer concludes that the relationship between four of the procedures (C, Dc, Dg, and E) and the client characteristics is significant on both the specific level (twenty-four individual client characteristics) and on the generalized factor level (three factor scores). Four of the remaining seven procedures are significantly related to specific client variables but not the general client factors (B, Da, Db, Du). One of the remaining three procedures is significantly associated with only the generalized factor client variables and not the specific variables (F). Two procedures are not significantly associated with the client characteristics on either a specific or general level (A, Dd). Therefore, the major hypothesis is substantiated for nine of the eleven procedures. The null hypothesis of no association is not rejected for procedures A and Dd.

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predicted, .9 significant associations would be expected by chance. The associations reported are all one-tailed.

Procedure Determinates[1]

The Procedures

The study has examined the relationship between five sets of independent variables and the eleven treatment procedures. The sources of variation in the proportionate use of the procedures attributable to these independent variables have been identified. The following is a summarization of these sources of variation for each of the eleven procedures. The associations and differences reported are all significant with the direction of the associations occurring as predicted at the $p \leq .05$ level.

Sustaining Procedures: A

In this sample of interviews sustaining procedures are used significantly more with clients assessed by the caseworker to be lower in general intelligence than with clients assessed to be higher in general intelligence.

Directive Procedures: B

In this sample directive procedures vary significantly among caseworkers. In addition directive procedures tend to be used to a greater extent with clients: (1) Estimated to be of lower general intelligence; (2) Whose social functioning, perception of reality, frustration tolerance, and overall adjustive status are estimated to be relatively low or poor; (3) Whose families were assessed to be low or poor on overall

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[1]Since the study is exploratory and lacking the elements of an experimental design "determinates" or "causes" cannot properly be identified. In the subsequent discussion causal relationships are "loosely" implied.

functional adequacy; (4) Whose environments are unfavorable to problem resolution; and (5) Whose feelings toward the caseworker were assessed to be negative.

Exploratory, Explanatory, Ventilative Procedures: C

Exploratory, explanatory and ventilative procedures were found in this sample to be used to a greater extent in early interviews (one through four) than in later interviews (five through fourteen) by most caseworkers. Caseworkers were found to differ markedly in their proportional use of this procedure. Caseworkers high in the use of directive procedures (B) were found to be low in the use of exploratory and ventilative procedures (C). These procedures occurred more frequently with clients assessed to be low or poor in their: (1) Perception of reality; (2) Intellectual functioning; (3) Quality of object relations; (4) Functional adequacy of defenses; and (5) Overall ego functioning.

Exploratory and ventilative procedures were used to a greater extent with clients whose desire to resolve the problem was assessed to be low. These procedures occurred more frequently (in phase III interviews) with clients whose score was relatively high on the factor of Psychosocial Malfunctioning and whose comfort in the problem situation was assessed to be high (factor III).

Reflection Upon Environmental Factors and Other Individuals: Da

Reflection upon environment factors and/or other individuals (Da) was encouraged more frequently by the caseworkers with clients assessed as: (1) High on overall adjustive status; (2) Optimistic about the helpfulness of casework service in alleviating the problem situation;

(3) Involved in primarily a parent-child problem (as opposed to a marital problem); and (4) Low on the factor of Treatment Alienation (in phase I interviews).

Reflection on Client's Behavior in Terms of Outcome, Consequences, Effects, in the Present or Adult Past: Db

In this sample of interviews the caseworkers were found to vary significantly in their proportionate use of procedure Db. This procedure was used significantly more with clients assessed as: (1) High on intellectual functioning; (2) Sustaining good object relationships; (3) High on interview participation; (4) Pessimistic in their assessment of the helpfulness of the casework interview to alleviate the problem situation; and (5) High in discomfort in the problem situation as assessed by factor III (in phase III interviews).

Reflection Concerning the Nature of the Client's Behavior in the Situational Context, Present, or Adult Past: Dc

This procedure was found to vary significantly in use among the six caseworkers. The proportional use was found to vary inversely with the worker's use of procedure C. Reflection upon the nature of the client's behavior was encouraged by the workers among clients assessed to be high or good in their: (1) Social functioning; (2) Perception of reality; (3) Appropriateness of affect; (4) Frustration tolerance; (5) Intellectual functioning; (6) Functional adequacy of defenses; and (7) Overall ego functioning. This procedure occurs more frequently with clients assessed as high in: (1) Discomfort in their problem situation; (2) Desire to resolve the problem situation; (3) Interview participation; and (4) Pessimism about the helpfulness of service to resolve the problem.

Dc occurs more frequently with clients experiencing primarily a marital problem rather than primarily a parent-child problem. Reflection upon the nature of the client's behavior tends to occur most frequently with clients assessed to be low in psychosocial malfunctioning, factor I (in phase II and III interviews). Dc occurs more frequently with clients assessed as high on the treatment alienation factor than on those assessed to be low on this factor (for phase I interviews).

Reflection Concerning Environmental or Interpersonal Factors as Causative or Provocative of Client's Behavior, Client's Reactions to Environmental Stimulii, or Immediate Reasons for Client's Behavior, in the Present or Adult Past: Dd

Caseworkers were found to vary significantly in their proportionate use of this procedure. Also, Dd was used more frequently with clients assessed as high in intellectual functioning than with those assessed as low.

Reflection Concerning the Client's Behavior in the Context of Values or Norms in the Present or Adult Past: Dg

Procedure Dg tends to be used significantly more with clients assessed as high or good in: (1) Perception of reality; (2) Perception of self; (3) Frustration tolerance; (4) Intellectual functioning; (5) Functional adequacy of defenses; and (6) Overall ego functioning. Dg is used proportionally more among clients assessed as high in interview participation. Workers used Dg more with clients whose psychosocial malfunctioning score was low for interviews in phase I.[1] In

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[1]This association was significant in the correlational analysis but non-significant in the non-parametric analysis.

phase I interviews Dg tended to occur more frequently with clients low in treatment alienation while in phase III interviews Dg tended to be used most with clients high in treatment alienation (factor II).

Reflection Concerning the Treatment Situation or the Worker-Client Relationship: Du

Reflection upon treatment or worker-client factors tends to be used most with clients assessed as: (1) Having inappropriate treatment goals; (2) Pessimistic in their attitude about the helpfulness of service in problem resolution; (3) Reacting to the problem situation by taking realistic measures (seeking and using treatment) or striking out (recognition of the problem's existence) rather than by becoming immobilized or withdrawing (non-recognition); (4) Part of a family whose functional adequacy is good; (5) Involved in a favorable environmental situation; (6) High in treatment alienation in phase II interviews (factor II).

Reflection Concerning the Psychological Dynamics of the Client's Behavior: E

Reflection concerning the psychological dynamics of the client's behavior tends to occur most frequently with clients assessed as high or good in: (1) Social functioning; (2) Functional adequacy of defenses; (3) Overall ego functioning; (4) Quality of object relations; (5) Perception of self; (6) Perception of reality; (7) Frustration tolerance; (8) Intellectual functioning; (9) Appropriateness of affect (items two through nine in order of significance from high to low). E tended to be used more with clients assessed as low in psychosocial malfunctioning than with those assessed as high on this factor for interviews

in phases I and II.[1]

Reflection Concerning the Client's Developmental Years--Genetic Material: F

In this sample of interviews genetic reflection varied significantly in relation to caseworker differences and between casework methods for some caseworkers. Reflective consideration of genetic material was encouraged more frequently among clients: (1) Whose environments were assessed as favorable to the solution of the problem situation; (2) Whose goals in treatment were considered as appropriate; (3) Who were low in treatment alienation in phase II interviews (factor II); and (4) Who were high on comfort in the problem situation in phase I interviews (factor III).

The Determinates

The findings permit conclusions to be drawn concerning the variation in impact of the five sets of independent variables examined upon the nature of the treatment process as defined by the Hollis' typology. Thirty independent variables have been examined. Assuming that the number of significant findings associated with each independent variable is a valid indication of the extent of its impact upon the treatment process as defined we can order the determinates from the most influential to the least influential as summarized in Table 73.

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[1]The relationship between E and factor I for phase II interviews was significant on the correlational analysis but not on the non-parametric test of significance.

TABLE 73.--Determinates of the Treatment Process By Order of Influence

Source of Variation	Significant Findings[a]	Source of Variation	Significant Findings[a]	Source of Variation	Significant Findings[a]
1. Caseworker	9	11. Participation in Casework Interview	3	22. Psychosocial Malfunctioning-I (F_1)	2
2. Intellectual Functioning	6	12. Treatment Alienation-I[b] (F_2)	3	23. Psychosocial Malfunctioning-II (F_1)	2
3. Perception of Reality	5	13. Adjustive Status	2	24. Psychosocial Malfunctioning-III (F_1)	2
4. Attitude Toward Service	4	14. Appropriateness of Affect	2	25. Treatment Alienation-II (F_2)	2
5. Frustration Tolerance	4	15. Appropriateness of Goal	2	26. Comfort: Phase I (F_3)	1
6. Functional Adequacy of Defenses	4	16. Comfort in Problem-III (F_3)	2	27. Discomfort	1
7. Overall Ego Functioning	4	17. Desire to Resolve Problem	2	28. Feeling Toward Caseworker	1
8. Influence of Environment	3	18. Family Functioning	2	29. Reaction to Discomfort	1
9. Object Relations	3	19. Intelligence	2	30. Treatment Alienation-III (F_2)	1
10. Social Functioning	3	20. Nature of Problem	2	31. Treatment Phase	1
		21. Perception of Self	2		

[a] Analysis of Variance Findings include only the "valid" effects: A, B, C, A x B, A x C.

[b] Factors are listed by phase.

Five variables were without a significant finding: (1) Comfort in the problem situation, phase II (factor III); (2) Hopefulness about problem resolution; (3) Motivation for use of casework in problem solving; (4) Casework method prescription; and (5) Socio-economic status.

In the above summary the three factors are reported and ordered by treatment phase. If the significant findings for each factor are combined over phases factor I accounts for six significant correlations, factor II accounts for six significant correlations, and factor III accounts for three significant correlations.

The single most influential variable in determining the treatment process in this sample of interviews is the caseworker (style differences). Not only does the caseworker account for the largest number of significant results but upon inspection of the amount of variation explained worker differences clearly overshadow all other study variables.

The second single most influential variable determining the treatment process is the client's intellectual functioning (ego function) as assessed by the caseworker. The impact of this variable is in sharp contrast to the relatively moderate association between the process and the workers' assessment of the clients' general intelligence.

Combining phases the factors of Psychosocial Malfunctioning and Treatment Alienation are next in order of influence although for any one phase these variables have only moderate impact.

The workers' assessment of the clients' perception of reality also has a relatively large determining influence upon the nature of the treatment process.

As discussed, the differences in the treatment process attributable to phase variation is unexpectedly minimal and only evident in relation to the use of procedure C in phase I interviews for some workers.

Methodological Considerations

A question of considerable interest to the investigator has been the reliability, validity, and economy of describing the treatment process through the content analysis of taped interviews coding directly from audio-exposure.

The question of reliability has been thoroughly examined. The study hypotheses have examined the variation in the use of procedures based upon category proportions. The question of reliability, therefore, pertains in this study to the similarity of category proportions. While individual units may be coded differently by the same judge at time 1 and 2 or by two judges these "internal" (within procedure categories) differences are not particularly relevant as long as the category proportions are similar at time 1 and 2 and between judges. As described the proportional differences found were moderate. The question of reliability in a study such as this is further examined through study results. If theoretically expected results occur the validity and, therefore, reliability of the methodology is substantiated. The findings of the study are for the most part those theoretically anticipated. In addition the findings are internally consistent.

Considering the issues of reliability, validity and economy the method of content analysis used has been effective. The reliability

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and validity could undoubtedly be improved considerably if video-recordings and tapescripts were to be used; however, the additional precision would be at the sacrifice of economic considerations. In addition the issue of stimulii precision must be examined in relation to the precision of the classifications available. In most cases the classifications of casework process available are still relatively gross. In the context of these considerations the study methodology has proven to be relevant and economical.

While not directly related to the research methodology of this study the effectiveness of random assignment of subjects to treatments irregardless of theoretical and diagnostic considerations has been examined. In this sample of interviews the random assignment of cases to either the Modifying or Supportive treatments has been found to have only minor effects upon the treatment process as examined. This lack of significant findings may be attributable to any of several factors including: (1) A lack of differences in the treatment procedures generally used in the Supportive and Modifying Methods; (2) A lack of sensitivity of the typology as used in the study to the realistic differences between the two methods; (3) Ineffectiveness of the research methodology, namely, the random assignment of cases to treatments irregardless of diagnostic variables.

Limitations of the Study

The limitations of the study are multiple. An adequate discussion of all relevant limitations would be prohibitively extensive. Therefore, limitations and qualifications can only be mentioned.

The Sample

1. The sample size has been relatively small. Although the number of interviews examined has been large (eighty-seven) only thirty-five clients or twenty-two families have been represented. In phase III the sample size was reduced to twenty-two clients or fourteen families.

2. The sample clients and interviews are interdependent. Both spouses have been included in the sample for fourteen of the twenty-two study families. For the purposes of analysis spouses have been treated as independent of one another.

3. The number of caseworkers represented is relatively small. Caseworkers are not represented by an equal number of interviews. Two of the six caseworkers are represented by an extremely small number of interviews (five and eight).

4. The clients represented are an extremely select group. Clients representing the extremes in status and functioning were with few exceptions not represented. While variation exists the sample represents motivated, lower-middle class, Negro and White clients of slightly above average general intelligence living in intact families and seeking assistance from a private family agency for difficulties in marital and/or parent-child relationships. In addition the sample tends to represent clients who continue in service through at least the ninth assigned service interview. These are clients who have agreed to partake in a research project and taped interviews. Eighty-nine percent of the clients are considered by their caseworkers to be character disorders.

The Variables

Treatment Procedures

1. The conceptualization and classification of procedures used in the study assesses relatively few dimensions of the treatment process. It is a classification of communications. More specifically it is a classification of an aspect of a type of communication referred to as language. It does not permit an examination of either the communications classified as paralanguage or kinetics and it is concerned with only a small element of linguistics.[1] The content classified is relatively manifest. The interactional element of the worker-client communications is not examined. In this study only worker communications have been classified. The unit of classification has been relatively small (although the context is somewhat larger) and broader themes of communication have not been examined.

2. The procedures have been quantitatively examined. Qualitative differences were not considered. It is apparent that a single communication of type C, as an example, is not therapeutically equal to a single communication of type E. Adequate methods for such comparative and qualitative analysis are yet to be developed.

3. The study describes quantitatively the amounts of the eleven procedures used with this sample of clients with their known

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[1] For a discussion of communications in psychotherapy research see: George L. Trager, "Language and Psychotherapy," in Methods of Research In Psychotherapy, Louis A. Gottschalk and Arthur H. Auerbach (Eds.) (New York: Appleton-Century-Crofts: Division of Meredith Publishing Co., 1966), pp. 71-84.

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characteristics. Inferences to other types of samples or indeed inferences beyond this sample itself are not made nor would they be valid.

Prescription Assignment

This has not been a valid examination of the differences in the treatment process of the Modifying and Supportive Methods of casework. Rather the study has described the differences in the process as defined within the sample of interviews selected between the Modifying and Supportive research prescriptions.

Treatment Phase

1. The definitions of the treatment phases have been somewhat arbitrary.

2. Interviews beyond the fourteenth client and thirty-ninth case interviews have not been examined.

3. The sample represents relatively early interviews (client interviews one through fourteen).

Caseworkers

1. The caseworkers are all experienced with a median of six years of practice experience.

2. Caseworkers are represented by a relatively small number of observations.

Client Variables

1. Objective measurements of client variables were not tested. The relationships examined were between the caseworkers' subjective

evaluation of each client variable and the procedures.

2. The methods of measurement of the client variables have been gross.

3. The modified socio-economic status score may not be valid. The total lack of association between the procedures and the SES score may reflect the lack of validity of the index as modified.

Methodology

1. The exploratory nature of the study and the lack of experimental controls prohibits inferences to any larger group. The findings are purely descriptive of this sample.

2. The assumptions of the parametric procedures used in the study were not met. As described, observations were not independent, random assignment was not employed, the normality assumption in many cases was not justified, the data were not in the form of an interval scale. However, precautions were taken to insure the validity of the results in most instances. Non-parametric tests were employed in several instances. With all of these limitations, however, the descriptive value of the results seems to warrant the methodology used.[1]

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[1] C. Boneau, "The Effects of Violations of Assumptions Underlying the t Test," Psychological Bulletin, LVII (1960), pp. 49-64.

Impressions and Conclusions

The study has hypothesized an association between the caseworker's diagnostic evaluation of a client and the treatment procedures used by that same worker with the client in the interview. This hypothesis is derived from diagnostic casework theory which is based upon the assumption that treatment is diagnostically determined. The predicted association is strictly internal (within the individual caseworker). The external validity of the workers' assessments is not examined nor is it relevant to the immediate study question.

The general hypothesis that the procedures are associated with the diagnostic variables is partially confirmed for nine of the eleven procedures in the sense that a larger number of significant correlations occur than attributable to chance. However, the amount of variation explained by the diagnostic indicators is generally rather small. The degree of the associations is from weak to moderate. The theoretically expected associations tend to occur although to an extent less than anticipated.

The findings of the study suggest several explanations for the rather modest amount of variation explained by the diagnostic variables. First, the influence of the intervening variables may have resulted in a deflation of the diagnosis-treatment associations. The amount of variation explained by the differences among the caseworkers in the study was found to be significant. Inspection of the procedure means for the six caseworkers indicates that the worker differences in the proportionate use of the procedures are not only significant but quite large.

Since the correlational analysis did not control for caseworker variation the associations as reported can be interpreted as occurring in spite of worker variation. The associations between the diagnostic variables and the treatment procedures have not been consistently and systematically inspected for each of the caseworkers. The number of observations available for individual caseworkers did not permit this more refined method of analysis. However, in view of the findings of this study that: (1) workers vary significantly in their use of the treatment procedures; and (2) modest correlations occur between the diagnostic variables and the treatment procedures without controlling for the caseworker variable, it is anticipated that the number of significant correlations and the degree of these correlations would be increased if the caseworker variable could be controlled. It is anticipated that the associations between an individual caseworker's use of the treatment procedures and that same caseworker's diagnostic assessment of his clients would explain a larger amount of the variation than that reported not controlling for the worker variable.

The treatment phase variable was also found to have explained a significant amount of the variation in treatment procedure C. The phase variable was controlled in the correlational analysis of the factor score-procedure relationships. This control was achieved by computation of the correlations by phase. However, the phase variable was not controlled in the correlational analysis of the twenty-four client variables with the procedures. As a result the correlations reported for procedure C may have been deflated due to the phase variation.

A second explanation for the modest findings concerning the relationships between the diagnostic variables and the treatment procedures may be the relative homogeneity of the sample of clients. A maximization of the variation in the major independent variables would have been desirable. If a more heterogeneous sample of clients had been studied the diagnostic-treatment associations may have explained a larger portion of the observed variance.

A third possible explanation for the modest diagnostic-treatment associations may be related to the lack of variation in the proportionate usage of several of the procedures, most notably sustaining procedures (A). Of course the restricted variation observed may be partially a function of the nature of the clients studied or the particular workers involved.

The three explanations suggested are perhaps the most relevant. However, the writer is extremely aware of the possible existence of numerous uncontrolled variables that may have influenced the associations examined. An exploratory field study such as this is conducted within the context of numerous uncontrolled variables. Interpretation and explanation of the findings are made cautiously and tentatively. In view of the relative lack of control and the extreme complexity of the data examined, even modest findings are often unexpected in an exploratory study such as this. Nevertheless, the modest findings of this study do suggest multiple hypotheses for further study.

The findings of the study tend to support the conception of social casework as a scientific art. While the theoretically anticipated

associations tend to occur the individual stylistic differences among caseworkers are quite evident. This individualized approach has implications for research methodology. It would seem that any attempt to examine casework practice must take caseworker style difference into consideration. It appears that generalizations are frequently not valid in relation to casework practice research without specification in relation to the worker variable.

In conclusion the writer would like to draw attention to the issue of the development of relevant typologies in social work and social casework. This study has attempted an examination of the relationship between diagnosis and treatment. Such an examination cannot be adequately conducted without relevant typologies of both diagnosis and treatment. An adequate diagnostic classification has not been available for use in this study. As a result individual elements of the diagnosis have been examined in isolation from other relevant aspects of the diagnosis. This has resulted in an obvious limitation. This study would not have been proposed if a similar limitation had existed in relation to the classification of casework treatment. The work of Hollis resulting in the typology of treatment procedures used in this study has provided the researcher with a typology of treatment that is directly related to current casework theory and at the same time easily adapted to the objectives of empirical research. The adaptation of this typology for use with tape recordings has been attempted in this study with some success. As a result of the use of the Hollis' typology definition of the treatment process in this study has been

limited to the categories of that classification. Other possibly relevant dimensions of the treatment process have not been considered. In spite of these limitations it is hoped that this study will add to the accumulating knowledge concerning casework practice theory and research.

APPENDIX I

THE CASEWORK INTAKE SCHEDULE (CMP-II)

AND

INSTRUCTIONS FOR ITS USE

IWR-CSCR
Casework Methods Project
12-28-64 AWS

SOCIAL DATA SHEETS
FOR
CASEWORKER INTAKE SCHEDULE (CMP II) AND
INITIAL RESEARCH INTERVIEW SCHEDULE (CMP-RI)

Surname_____ Case No._____ Project No._____

Address_____ Caseworker_____

Telephone: Home_____ Work - Husband_____ Wife_____

Application Date_____ Dates of Intake Interviews_____

Circle below the identifying numbers of family members seen at intake. Note at bottom of page family members seen together.

Household Composition

	Name	Birth Date	Sex	School Grade	Employment Status (Key A below)
	Husband				
1.					
	Wife				
2.					
	Children 16 years and older				
3.					
4.					
5.					
6.					
7.					
	Children under 16 years				
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Key A

1=Fully employed
2=Employed part-time
3=Unemployed
4=Retired
5=Disabled
6=Housewife
7=In school
X=Unknown

Project No._____

Household Composition (contd.)		Children of #1 and/or #2 Not in Household		
Name	Rel. to Husband	Name	Year of Birth	Whereabouts (Key B below)
Others in Household				
17.		21.		
18.		22.		
19.		23.		
20.		24.		

Key B Whereabouts

1 = Own home
2 = With relatives
3 = In armed forces
4 = Mental hospital
5 = Medical hospital or convalescent home
6 = Correctional institution
7 = Deceased
8 = Other
X = Unknown

Marital Status of Couple: Married_____ Unmarried_____ Unknown_____

	HUSBAND		WIFE
Previous Marriage	1. _____	No	1. _____
	2. _____	Yes, separated	2. _____
	3. _____	Yes, divorced	3. _____
	4. _____	Yes, widowed	4. _____
	X. _____	Unknown	X. _____
Ethnic Origin	1. _____	Negro, non PR	1. _____
	2. _____	White, non PR	2. _____
	3. _____	Puerto Rican	3. _____
	4. _____	Other	4. _____
	X. _____	Unknown	X. _____
Religion	1. _____	Protestant	1. _____
	2. _____	Catholic	2. _____
	3. _____	Jewish	3. _____
	4. _____	Other	4. _____
	X. _____	Unknown	X. _____

Usual Occupation (specify) _____ _____

_____ _____

_____ _____

Project No._____

Living Quarters

_____ 1. House
_____ 2. Apartment
_____ 3. Rooming house or hotel
_____ 4. With other family
_____ 5. Other
_____ X. Unknown

Sources of Income

_____ 1. Earnings
_____ 2. Public assistance
_____ 3. Unemployment insurance benefits
_____ 4. Social Security - OASI
_____ 5. Rent in return for services
_____ 6. Pensions, e.g., veterans
_____ 7. Interest, dividends
_____ 8. Other
_____ X. Unknown

Gross Weekly Income $_____

Amount of Fee Set: $_____ None_____ Undetermined_____

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CMP II and CMP-RI -A1-

Project No._____

PART A. FAMILY FUNCTIONING AND ENVIRONMENTAL SITUATION

I. SOCIAL FUNCTIONING OF HUSBAND AND WIFE

	Level of Functioning	
	Wife	Husband
A. Within the Primary Family (Scale A)		
1. As spouse		
a. Affectional aspects		
b. Sexual aspects		
c. Planning, decision making		
d. OVERALL FUNCTIONING AS SPOUSE		
2. As parent		
a. Physical care		
b. Emotional nurture		
c. Socialization		
d. OVERALL FUNCTIONING AS PARENT		
3. As homemaker		
a. Management of money		
b. Management of family routines		
c. Performance of household tasks		
d. OVERALL FUNCTIONING AS HOMEMAKER		
4. Overall social effectiveness within family		
a. Current (Scale A)		
b. Does the individual's functioning in the past indicate that he has the capacity to function better than at his current level (check one)		
1. Yes		
2. No		
X. Unknown		

CMP II and CMP-RI
Part A

-A2-

Project No._____

I. SOCIAL FUNCTIONING OF HUSBAND AND WIFE (contd.)

	Level of Functioning	
	Wife	Husband
B. Outside the Primary Family (Scale A)		
1. Occupational functioning in paid employment		
a. Work performance		
b. Stability of employment		
c. Interpersonal relationships on job		
d. OVERALL OCCUPATIONAL FUNCTIONING		
2. Social relations in community		
a. Relations with relatives		
b. Relations with neighbors, friends		
c. Relations with persons in authority		
d. Participation in community groups		
e. OVERALL SOCIAL RELATIONS IN COMMUNITY		
1. Does the individual's functioning in the past indicate that he has the capacity to function better in social relations in the community than at his current level? (check one)		
1. Yes		
2. No		
X. Unknown		

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CMP II and CMP-RI
Part A

Project No._____

II. PHYSICAL AND PSYCHOLOGICAL FUNCTIONING OF HUSBAND AND WIFE

	Wife	Husband
A. Overall Physical Health (Scale A)_____		
B. General Intelligence (check one)		
1. Defective_____		
2. Low average_____		
3. Average_____		
4. High average_____		
5. Superior_____		
X. Unknown_____		
C. Ego Functioning (Scale A)		
1. Perception of reality_____		
2. Perception of self_____		
3. Appropriateness of affect_____		
4. Frustration tolerance_____		
5. Intellectual functioning_____		
6. Quality of object relationships_____		
7. Functional adequacy of defenses_____		
8. OVERALL EGO FUNCTIONING_____		
a. Does the individual's functioning in the past indicate that he has the capacity for better ego functioning than his present level? (check one)		
1. Yes_____		
2. No_____		
X. Unknown_____		
D. Probable Gross Clinical Diagnosis (check one)		
1. Within normal range (i.e., generally asymptomatic)_____		
2. Deviating in direction of neurosis_____		
3. Deviating in direction of character disorder_____		
4. Deviating in direction of psychosis_____		
X. Unknown_____		

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CMP II and CMP-RI
Part A

-A4-

Project No._____

III. FUNCTIONING OF CHILDREN

Check whether or not in your judgment any of the children is showing significant disturbance in his functioning in each of the following respects. If yes, insert the identifying number(s) of the child(ren) from the listing on the Social Data Sheets.

	Yes	No	Unknown
A. In Interpersonal Relations			
1. With parents			
2. With siblings			
3. With teachers			
4. With school or playmates			
5. With other persons			
B. In Performance of Expected Tasks			
1. At home			
2. At school			
3. Elsewhere			
C. In Physical Health and Functioning			
D. In Psychological Functioning			

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CMP II and CMP-RI
Part A

-A5-

Project No._____

IV. FAMILY FUNCTIONING

Rate each of the following aspects of family functioning on Scale A unless otherwise indicated.

	Rating
1. Emotional climate of home	
2. Quality of marriage	
3. Degree of family organization	
4. Appropriateness of division of labor within family	
5. Social desirability of family's values and goals	
6. Degree to which family values and goals are shared	
7. Mutuality of activities and interests	
8. Effectiveness of communication within family	
9. Degree to which family satisfies needs of members for affection, understanding, emotional security	
10. Degree to which family meets needs of members for material security and physical care	
11. Degree to which family behavior conforms to community expectations	
12. Appropriateness of nature and amount of social activity	
13. Family's use of community resources	
a. School	
b. Church	
c. Health services	
d. Social agencies	
e. Recreational agencies	
14. Family's ability to cope with stress	
15. Family's characteristic response to stress (check one)	
1. Marked disorganization or disturbance of equilibrium	
2. Mild disorganization or disturbance of equilibrium	
3. No change in functioning	
4. Mild strengthening of family organization	
5. Marked strengthening of family organization	
X. Unknown	

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CMP II and CMP-RI
Part A

-A6-

Project No._____

IV. FAMILY FUNCTIONING (contd.)

Rating

16. Overall functional adequacy of family

a. Current (Scale A)_____

b. Does the family's functioning in the past indicate that it has the capacity for better functioning than its present level? (check one)

1. Yes_____
2. No_____
X. Unknown_____

CMP II and CMP-RI
Part A

-A7-

Project No._____

V. ENVIRONMENTAL SITUATION

	Rating
A. Economic Circumstances (Scale A)	
1. Adequacy of income	
2. Stability of income	
3. Management of income	
4. OVERALL ECONOMIC CIRCUMSTANCES	
B. Housing (Scale A)	
1. Adequacy of space and facilities	
2. Freedom from hazards to health and safety	
3. Suitability of neighborhood for healthful living	
4. OVERALL HOUSING	
C. Social Environment (Scale A)	
D. Effect of Environment on Family's Efforts at Problem Resolution	

Enter one of the following ratings for each of the four items below.

1 = Unfavorable and unmodifiable
2 = Unfavorable but probably modifiable
3 = Neither notably favorable nor unfavorable
4 = Favorable
X = Unknown
Y = Not relevant to problem resolution

1. Economic circumstances	
2. Housing	
3. Social environment	
4. OVERALL ENVIRONMENT	

IWR-CSCR -A8-
Casework Methods Project
3-1-65 AWS Project No._____

ADDENDUM TO
CASEWORKER INTAKE SCHEDULE (CMP II) AND
INITIAL RESEARCH INTERVIEW SCHEDULE (CMP-RI)

PART A. FAMILY FUNCTIONING AND ENVIRONMENTAL SITUATION

VI. OVERALL ADJUSTIVE STATUS OF HUSBAND AND WIFE

You have assessed various aspects of the social functioning of the marital partners within and outside the family, as well as their individual physical and psychological functioning, the functioning of the family in which they are key figures, and their environmental circumstances. Taking account of these many facets of their adjustive or adaptive status, rate the overall status of the husband and the wife on Scale A.

	Wife	Husband
1. OVERALL ADJUSTIVE STATUS		

Note: The CSS Movement Scale is designed to measure change in the client and his circumstances from one point in time to another, regardless of his adjustive status at a particular point. From your assessments of overall adjustive status at the initiation and termination of service it will be possible to determine the amount and direction of change that takes place in the total adjustive status of the marital partners, in the same way that change in specific areas of functioning will be obtained from your "before" and "after" ratings.

CMP II and CMP-RI -H1-

Prcject No._____

PART B. PROBLEM SITUATION, GOALS AND ATTITUDE TOWARD SERVICE

I. PROBLEM SITUATION

A. Nature of Problem

Double check in each of the first two columns not more than two items that best describe the principal difficulties for which the wife and the husband state they wish help from CSS. Single check other problems explicitly mentioned by them.

In the third column, double check not more than two problems whose resolution appears to you to be of central importance. Single check other significant problems affecting the current social functioning of the family.

	Wife	Husband	Caseworker or Interviewer
1. Marital relations			
2. Parent-child relations			
3. Other family relations			
4. Social relations outside the family			
5. School adjustment or achievement			
6. Physical illness or disability			
7. Emotional distress in self or other family member			
8. Mental illness			
9. Deviant behavior - a) in a minor			
b) in an adult			
10. Employment			
11. Financial need			
12. Financial management			
13. Housing			
14. Other (specify)			
X. Unknown			
Y. No problem recognized			

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CMP II and CMP-RI
Part B

-B2-

Project No._____

I. PROBLEM SITUATION (contd.)

B. Cause of Problem

To what sources does each spouse attribute responsibility for the problem situation as he sees it? To what do you attribute responsibility for the current problem situation as you see it? Double check the main source.

	Wife	Husband	Caseworker or Interviewer
1. Client's own behavior and attitudes			
2. Behavior and attitudes of spouse			
3. Behavior and attitudes of children			
4. Behavior and attitudes of other relatives			
5. Behavior and attitudes of unrelated persons			
6. Current social or economic conditions (neighborhood, job market, discrimination, etc.)			
7. Other (specify)			
X. Unknown			
Y. Not relevant (no problem recognized)			

C. Recency of Origin of Current Problem Situation (check one)

	Wife	Husband	Caseworker or Interviewer
1. Recent -- of less than 6 months' duration			
2. Long standing -- of more than 6 months' duration			
a. Recurrence of long standing problem			
b. Intensification of long standing problem			
c. Long standing problem with no recent change in intensity			
X. Unknown			
Y. Not relevant (no problem recognized)			

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CMP II and CMP-RI
Part B

-B3-

Project No._____

I. PROBLEM SITUATION (contd.)

D. Factor Precipitating Application to CSS

What was the main factor that prompted application to CSS at this particular time, in the opinion of the wife and the husband, and in your own judgment? (check one)

	Wife	Husband	Caseworker or Interviewer
1. Suggestion or pressure from community			
2. Change in social or environmental situation			
3. Change in relationships in primary family			
4. Change in behavior or attitude of member of primary family			
5. Other (specify)			
X. Unknown or unspecified			
Y. Not relevant (no problem recognized)			

II. GOALS AND MOTIVATION TOWARD THEM

A. Goal

What does each of the spouses see as necessary and desirable to alleviate the problem as he sees it? (check)

	Wife	Husband
1. Change in own functioning or personality		
2. Change in other family members		
3. Change in environment or social situation		
4. Specific assistance - e.g., financial aid, homemaker service, medical care		
5. Goal not clear, diffuse		
X. Unknown		
Y. Not relevant (no problem recognized)		

B. Appropriateness of Goal to Problem Resolution

How appropriate to problem resolution do you consider the goals of each of the spouses? (check one)

1. Highly inappropriate and probably unmodifiable		
2. Highly inappropriate and probably modifiable		
3. Moderately inappropriate and probably unmodifiable		
4. Moderately inappropriate but probably modifiable		
5. Moderately appropriate		
6. Highly appropriate		
X. Unknown		
Y. Not relevant		

CMP II and CMP-RI
Part B

-B4-

Project No._____

II. GOALS AND MOTIVATION TOWARD THEM (contd.)

C. Hopefulness about Problem Resolution

How optimistic are the husband and wife about alleviation of the problem? (check one)

	Wife	Husband
1. Little or no hope		
2. Moderate hope		
3. High hope		
X. Unknown		
Y. Not relevant (no problem recognized)		

D. Degree of Discomfort in Problem Situation

How much discomfort does the problem situation seem to cause in the husband and the wife? (check one)

1. None		
2. Mild		
3. Moderate		
4. Severe		
X. Unknown		
Y. Not relevant (no problem recognized)		

E. Reaction to Discomfort of Problem Situation

Describe way each spouse appears to respond to problem situation. (check one)

1. Runs away from problem		
2. Immobilized		
3. Rebels, lashes out at people/circumstances		
4. Attempts to cope with problem (other than by coming to CSS)		
5. Other (specify)		
X. Unknown		
Y. Not relevant (no problem recognized)		

F. Intensity of Desire to Resolve Problem (Scale A)

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CMP II and CMP-RI
Part B

-B5-

Project No._____

III. ATTITUDE TOWARD SERVICE

A. Feeling toward Caseworker

For each spouse, check the word or phrase that you think best describes the individual's feeling toward the caseworker.

	Wife	Husband
1. Strongly negative		
2. Moderately negative		
3. Neither strongly negative nor positive		
4. Moderately positive		
5. Strongly positive		
X. Unknown		
Y. Not relevant (no contact)		

B. Attitude toward Offer of Service

Whatever the individual's understanding is of the nature of the service offered, how optimistic is he about the likelihood of its helping to alleviate the problem?
(check one)

1. Very pessimistic about helpfulness		
2. Pessimistic, service probably not helpful		
3. Unsure whether service will be of help		
4. Optimistic, service probably helpful		
5. Very optimistic about helpfulness		
X. Unknown		
Y. Not relevant		

C. Participation in Casework or Research Interview

Rate each of the following for husband and wife on Scale A

1. Readiness to express feelings		
2. Readiness to consider own role in problem		
3. Readiness to include spouse or other appropriate person		
4. Readiness to share significant information		
5. Ability to establish appropriate relationship with caseworker or interviewer		

D. Motivation for Use of Casework in Problem Solving (Scale A)

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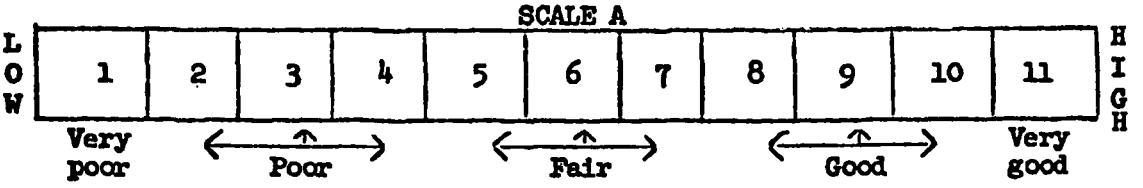
IWR-CSCR
Casework Methods Project
7-15-65 (Revised)

INSTRUCTIONS FOR CASEWORKER INTAKE SCHEDULE (CMP II) AND INITIAL RESEARCH INTERVIEW SCHEDULE (CMP-RI)

General

1. Basic instructions: Since similar judgments of social functioning are requested at the completion of intake, at termination of service and at follow-up, the instructions with respect to social functioning given here apply to the later schedules as well as to the Intake and Initial Research Interview Schedules.

2. Scale A: Completion of the schedules calls for the most part for checking appropriate items or entering a rating from the following scale, referred to throughout the schedules as Scale A. This is an 11-point scale, on which 1 is an extremely low or unfavorable rating and 11 a very high or favorable rating, with each of the points in between thought of as approximately equidistant from the next point. The mid-point is 6 which represents fair, marginal or minimally adequate functioning.



X = Unknown or insufficient evidence
Y = Not relevant

3. Degree of confidence: For some of your schedule entries, you will have ample information to complete the item with a fair degree of confidence. However, we should like you to complete as much of the schedule as possible, using whatever evidence or clues you have, even if they are not adequate for you to answer with confidence. In order to differentiate the entries about which you have some conviction from those which you make very tentatively, please circle the ratings on which you feel doubtful.

In the absence of any information on which to base a schedule entry, please enter X to denote insufficient information, rather than attempting to guess or infer the answer from knowledge of other aspects of the family or individual. (For example, do not infer the client's functioning in "relations with neighbors, friends" on the basis only of your assumption that certain of his attitudes would inevitably lead to good or poor social relations. Similarly, do not check the children as presenting problems in psychological functioning on the basis that you would expect the parents' behavior to lead to disturbance in the children.)

General (contd.)

4. Point of reference: Unless otherwise specified, the entries on the initial schedules should refer to the time when intake is completed and the case is screened into the study. Thus, if there has been a change from the time of application to the completion of intake, the schedule should be filled out in terms of the latter date.

Social Data Sheets

A copy of the Social Data Sheets filled out by the caseworker will be given to the research interviewer, and a second copy will be returned to the caseworker. The caseworker is asked to retain this until case closing, to bring it up to date at that point (noting particularly changes in address, telephone, family composition, weekly income and rent), and to submit it with the Case Closing Schedule, so that the research interviewer can be given correct factual data at that time.

Address: Give as much detail as available.

School Grade: For children in school, give current school grade. For individuals no longer in school, give last grade completed.

Employment Status: Use Key A to indicate employment status of husband, wife and children of 16 years and older. If two categories apply, enter both numbers; e.g., "employed part-time" and "in school" should be shown as 2-7.

Ethnic Origin: Check one category only. We are using the term "ethnic origin" rather loosely as follows:

1. Negro, non-PR -- Any non-Puerto Rican who appears to be or indicates that he considers himself Negro, regardless of country of origin.

2. White, non-PR -- Any non-Puerto Rican who appears to be or indicates that he considers himself white, including Mexicans and South Americans.

3. Puerto Rican -- A person born in Puerto Rico or whose parents were born in Puerto Rico.

4. Other -- North, South or Central American Indian, Oriental, or of mixed parentage.

Usual Occupation: Indicate as specifically as possible to facilitate classifying.

Weekly Rent: On page 3 immediately after Gross Weekly Income, the caseworker is asked to enter Weekly Rent (or weekly cost of taxes, mortgage, insurance, if home is owned).

Part A. Family Functioning and Environmental Situation

In evaluating the social, physical and psychological functioning of individuals, you are asked to evaluate each individual in relation to the same general standards or norms for a person of his age and sex. Each family should be assessed in comparison with what are regarded as the general norms or standards of the community. In other words, a single standard is to be applied, without regard to the physical, intellectual, cultural or other limitations present in the particular case. These norms should represent your expectations of the characteristics and performance of individuals of given age and sex, based on the general standards and values of the predominant culture and made more explicit and homogeneous as a result of your casework training and experience. The potentialities and limitations of an individual or family, whatever the source, should not affect the standard of judgment.

Consider the level of functioning that is characteristic of the individual or family at the point in time to which the assessment applies. It may be necessary to dip into the past to get an accurate sense of the present and to place in perspective momentary conditions or behavioral reactions that may not be characteristic. However, the objective is to obtain a cross-sectional picture for comparison with the picture at a subsequent point, rather than to get a "long view."

Although assessments will necessarily be made often on less evidence than would be desirable, it is preferable to enter "unknown" than to deduce the level of functioning in one role or aspect of functioning from performance in other roles or from past experience.

Definition of a Family

For purposes of the project "family" refers to the primary family; that is, the marital pair who sought service and their children. All questions about "the family" refer to this group whether or not they are all living in the same household, and whether or not there are other persons living in the family household.

Rating of Separated Couples

A couple not living together is eligible for the project only if the marital partners are interested in rescuing their marriage and reestablishing a home together. Once admitted to the project, a case remains a project case even if a separation occurs and there is intent to dissolve the marriage.

So long as any interaction continues between the marital partners, the marriage is considered as still in existence, and items re functioning as spouse and quality of marriage are relevant and should be rated in relation to the same norms as apply to all other cases. If there ceases to be any interaction between the marital partners, the marriage no longer exists and these items are "not relevant."

The "home" is where most of the primary family live. If the "case" comprises a childless couple living apart, the item emotional climate of the home is not relevant.

Part A. I.A. Social Functioning within the Primary Family

1. As spouse -- As on other items, consider community expectations in evaluating reported or observed functioning, rather than the respondent's subjective reaction or the expectation of the marital partner.

   a. Affectional aspects: Demonstrations of affection, companionship, interest and understanding of each other.

ANCHOR POINTS

3. Poor = Little acceptance of or respect for the spouse as a person. This is likely to be expressed through lack of thoughtfulness, minimal expression of warmth, sporadic consideration of wishes and needs, little interest and understanding, and little sharing, companionship, or emotional support. A person at this level will usually evidence a pervasively negative attitude toward the spouse. This may be manifested by overt negativism or withdrawal. Occasional positive behavior may be expressed, but this would mainly be prompted by the fact that this would meet his own needs or reduce pressure on him.

6. Fair = A moderate degree of acceptance and respect for spouse as a person. This is likely to be expressed through some thoughtfulness, expression of warmth, consideration of wishes and needs, interest, understanding, sharing, companionship and emotional support. There is some demonstration of affection and tenderness, which may be actively or passively expressed. A person at this level will usually have mixed feelings about his spouse, but the positive quality of the relationship is a little more pervasive than the negative.

9. Good = General acceptance of and respect for the spouse as a person. This is manifested by frequent spontaneous expressions of thoughtfulness, warmth, and tenderness; consideration of wishes, needs, and interests; understanding, sharing, companionship and emotional support. A person at this level will usually evidence a genuinely positive attitude toward his spouse; although occasional negative behavior may be manifested, he usually tries to resolve differences through a free and open give-and-take.

   b. Sexual aspects: Consider attitudes and behavior.

   c. Planning, decision making: Appropriateness of extent and kind of participation in decisions affecting the whole range of family affairs (where the family will live, how it will spend its money, what it will do in leisure time, etc.). Emphasis should be placed on actual participation in planning; however, inappropriate participation because attempts to play an appropriate role are frustrated by the spouse should be scored somewhat higher than inappropriate participation not due to the behavior and attitude of the spouse.

   d. Overall functioning as spouse: Taking account of all you know about each individual, rate his overall functioning as spouse.

Instructions
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Part A. I.A. Social Functioning within the Primary Family (contd.)

2. As parent -- In each of the designated areas of parental functioning, rate the level of functioning of both spouses.

   a. Physical care: Provision of food, clothing, living accommodations, care and supervision to protect from physical injury, medical care and appropriate preventive health measures.

   b. Emotional nurture: Provision of the tenderness, affection, patience and freedom for growth that permits the child to develop a sense of identity, of usefulness, of belonging.

   c. Socialization: Demonstration through own behavior of standards and values considered socially desirable by the larger community, and incorporation of them in child rearing practices. Consider the appropriateness of training methods, relative strictness or laxity, degree of consistency, use of rewards and punishments.

   d. Overall functioning as parent: Consider the total behavior of the husband and the wife in the role of parent.

ANCHOR POINTS

1. Very poor = Gross neglect or overindulgence and/or overprotection in physical, emotional, social areas.

3. Poor = Considerable neglect and obvious distaste for, or reluctance or inability to meet need of child for physical care, emotional nurture and socialization -- only done for own convenience or when demanding attitude of child makes him difficult to ignore.

6. Fair = Moderate appreciation for children's needs; some effort to meet them. Some evidence of desire to give and express affection. A figure for identification only partially in keeping with community values. Some opportunity for free and open verbal communication. Moderate allowance for individual growth and development, with recognition of need for and application of limits.

9. Good = Considerable appreciation of children's needs; usually able to meet them. Capacity for and ability to express affection -- a figure for identification largely in keeping with predominant community values. A climate which generally provides for free and open discussion. Considerable opportunity for individual growth and development. Setting of generally appropriate limits.

11. Very good = Deep appreciation of children's needs; consistently able to meet them. Capacity for and ability to express deep affection, a figure for identification in keeping with predominant social values. A climate for free and open verbal communication -- full opportunity for individual growth and development. Setting of appropriate limits.

Part A. I.A. Social Functioning within the Primary Family (contd.)

3. As homemaker -- Further consideration has led to the conclusion that both husband and wife should be rated in this section. Each should be rated on the basis of his actual functioning, not on the basis of the partner's expectations. It appears to us that current cultural expectations are that the wife carry major responsibility under usual circumstances and that the husband assist and supplement the wife, and it is this general norm that should be applied.

   a. Management of money: Ability to plan use of money and adhere to plans, freedom from unmanageable debts, priority given to necessities. (Not relevant if individual has no money to manage.)

   b. Management of family routines: Regularity of meals, diet planning, marketing, getting the children off to school. (Not relevant if individual does not participate and is not expected to do so.)

   c. Performance of household tasks: Meal preparation, cleaning, laundry, chores. (Not relevant if individual does not participate and is not expected to do so.)

   d. Overall functioning as homemaker: Consider the total performance of the individual in home management.

4. Overall social effectiveness within family -- Your assessments of the overall functioning of husband and wife within the primary family are key ratings. Consider the behavior of each toward the other, the children and any other members of the household. Consider how each carries out his role as spouse, as parent and in home management.

Part A. I.B. Social Functioning outside the Primary Family

With respect to functioning outside the family, you are asked to give your professional judgment of the husband and wife in the areas specified.

1. Occupational functioning in paid employment -- These questions are relevant if the individual is usually gainfully employed and is currently in the labor market, even if not working at the moment because of illness, leave of absence, or temporary unemployment. Since our emphasis is on current functioning, they are not relevant if the individual is neither currently employed nor seeking employment, even though he or she may have had substantial work experience in the past.

   a. Work performance: Consider whether the individual's usual job is suitable to his capabilities or whether it is below his capacity. Consider also his competence and productivity in relation to the demands of the job and his reliability in meeting job demands.

Part A. I.B. Social Functioning outside the Primary Family (contd.)

b. Stability of employment: Consider continuity in work history, and whether job changes have been for realistic purposes of advancement. Frequent job changes because of the marginal nature of the employment should be treated as "unstable" employment even if due to labor market conditions rather than to the individual's choice.

c. Interpersonal relationships on job: Consider how the individual gets along with persons in authority, such as employers, foremen and union officials, and with other employees of similar status to his own.

d. Overall occupational functioning: Take account of work performance, stability of employment and interpersonal relationships on job.

2. Social relations in community -- Rate the husband and wife on Scale A on the extent and quality of interpersonal relationships in the community.

a. Relations with relatives: Consider the amount and quality of his relations with relatives outside the primary family including in-laws.

b. Relations with neighbors, friends: Consider the extent of his informal social relations, how he gets along with people, whether his associates represent socially acceptable standards and values.

c. Relations with persons in authority: Consider how well he gets along with persons such as teachers, police, community officials, agency representatives.

d. Participation in community groups: Consider the individual's identification with and interest in the community, his social skills, and his participation in organized groups (such as clubs, PTA, unions, church groups, tenant committees) and in community activities.

ANCHOR POINTS

1. Very poor = Complete isolation from community groups of any nature, and complete lack of identification with group or community concerns.

3. Poor = No active participation in any community groups nor interest in general community concerns. May have participated to a slight degree in the past and may have some thought of future investment.

6. Fair = Belongs to at least one group but participates only through occasional meeting attendance, and has at least slight interest in general community concerns. Or belongs to no formal group, but is interested in general community

Part A. I.B. Social Functioning outside the Primary Family (contd.)

concerns and evidences this through voting and other individual civic activity.

9. Good = Participates actively in at least one community group, engaging in committee activity and the like, and is alert to and interested in general community concerns.

11. Very good = Very active in group and civic activity, usually belonging to more than one group and exercising leadership in at least one.

e. Overall social relations in community:

ANCHOR POINTS

1. Very poor = Extreme isolation from or frequent disruptive conflict with relatives, neighbors, friends; association with no groups; hostility and provocative behavior toward persons in authority.

6. Fair = Little informal or formal social contact; sense of isolation from larger community; or reasonable amount of social contact but contact as often discordant as satisfying.

11. Very good = Reasonable amount of pleasant and satisfying social contact; attitude of helpfulness toward friends and neighbors; participation in recreational activities with others; comfortable relations with persons in authority, neither subservient nor resentful; interest in community betterment and participation in some activities directed toward this; participation in some organized groups of peers.

Part A. II. Physical and Psychological Functioning of Husband and Wife

A. Overall Physical Health -- The efficiency of the individual's constitution as it affects his ability to carry out his usual responsibilities. Consider his usual state of bodily health and vigor, the frequency of disabling illnesses, the presence of chronic disease or disability.

ANCHOR POINTS

1. Very poor = Chronic serious illness or severe disability that consistently prevents performance of expected social roles.

6. Fair = Illness or disability that occasionally interferes seriously with social functioning, or chronic mild illness or lack of vigor that consistently interferes with optimum functioning.

11. Very good = Abundant health and vigor rarely marred by even mild indispositions.

Part A. II. Physical and Psychological Functioning of Husband and Wife

B. General Intelligence -- Most people fall within the "normal" range of intelligence. Without a psychological test, it is difficult to judge intelligence with any accuracy. On the basis of your observations of the individual and what you know of his functioning, how would you judge him in relation to your idea of "average" intelligence?

C. Ego Functioning -- Use Scale A in rating each of the following aspects of ego functioning.

1. Perception of reality -- The individual's ability to perceive accurately factors in the social and material environment as they affect him and his well being, without distortion by his own feelings and needs. Consider the individual's recognition of the needs and rights of others, his understanding of the attitudes of others toward him, his ability to assess motives of others, his knowledge of community resources and how to use them, his comprehension of commonly accepted social values and behavioral standards.

2. Perception of self -- The individual's understanding and acceptance of himself. Consider his awareness and comprehension of the motives, goals, needs, etc., that determine his own attitudes, ideas and behavior patterns. Consider the clarity of his role and sexual identity, his attitude toward himself, his ability to be self-critical, his recognition of problems beyond his own personal resources, his understanding of his own assets and liabilities, how realistic his concept is of himself in the light of predominant community values.

ANCHOR POINTS

1. Very poor = Concept of self grossly distorted by own needs or extraneous factors. Marked confusion about role and sexual identity. No understanding of factors determining own behavior and attitudes.

3. Poor = Concept of self distorted to a marked degree. Some confusion about role and sexual identity. No understanding of factors determining own behavior and attitudes.

6. Fair = Moderately clear perception of own assets and liabilities. Some ambivalence about role and sexual identity but minimal distortion. Little comprehension of factors determining own behavior and attitudes.

9. Good = Appreisal of self reasonably appropriate and realistic. Reasonable clarity about role and sexual identity. Some understanding of motives, goals and needs that determine own behavior.

11. Very good = Appropriate and realistic appraisal of self in keeping with predominant community values. Clarity of role and sexual identity. Awareness and accurate perception of motives, goals and needs that determine behavior and attitudes.

Part A. II.C. Ego Functioning (contd.)

3. Appropriateness of affect -- Appropriateness of the feeling tone and of the degree of feeling with which the individual characteristically responds to his whole range of life situations and interpersonal relationships. Feeling or emotion may be expressed directly (tears, laughter, trembling), verbally, or through other behavior. The interviewer judges the appropriateness of the client's affect from his direct manifestations of feeling in the interview plus what he reports of his feelings and actions as he describes his reactions to family members, associates, own social roles, and the world in general.

ANCHOR POINTS

3. Poor = Feeling tone is generally somewhat inappropriate in quality or degree to persons, situations and events, or it may be grossly inappropriate in several important life situations. Inappropriate response may take the form of expression of an excessive degree of an appropriate feeling, lack of affect, excessive control of affect through intellectualization, or a quality of feeling not in conformity with usual expectations.

6. Fair = A generally appropriate quality and degree of emotional response, but inappropriate affect in certain situations or relationships usually associated with the presenting problem.

9. Good = A generally appropriate quality and degree of emotional response, with only occasional manifestations of affect moderately inappropriate to the stimulus situation.

4. Frustration tolerance -- Ability to control or delay discharge of impulses, to postpone satisfaction of needs in the interests of greater future gratification, in consideration of the needs of others, or in conformance with socially imposed standards and values. Consider capacity to withstand social and interpersonal frustration, stress, tension, without undue cost to self or others.

5. Intellectual functioning -- Ability to remember, follow a train of thought, make valid cause-effect connections, appraise situations logically, generalize on the basis of experience.

6. Quality of object relationships -- Ability to form and sustain warm interpersonal relationships that take appropriate account of the needs of the other person.

7. Functional adequacy of defenses -- Consider the general usefulness of the defense structure, that is, the appropriateness of the individual's use of defenses, including their flexibility and their resiliency under internal and external stress.

D. Probable Gross Clinical Diagnosis -- In your opinion, does the individual deviate markedly from normal, and, if so, in what direction?

Part A. III. Functioning of Children

Although it would be of interest to obtain judgments of the social, physical and psychological functioning of each child in the family, it would seem an unreasonable demand upon the research interviewer. You are asked, therefore, to note only whether any of the children are showing significant disturbances in functioning, and, if so, to identify the child or children showing such disturbance. You are asked for your own judgment, which may not always be the same as the parents; for example, reported failure to meet what you regard as unreasonable expectations would not constitute a failure "in performance of expected tasks."

For purposes of the project, "children" include all own, adopted or stepchildren of the marital partners, regardless of age.

Some questions have arisen about the application of this section of the schedule to children who are in late adolescence or early adulthood.

A. In Interpersonal Relations

4. With school or playmates -- Consider this to include other peers, such as boy or girl friends, work associates.

5. With other persons -- Include employers.

B. In Performance of Expected Tasks

3. Elsewhere -- Include employment.

Part A. IV. Family Functioning

1. Emotional climate of home -- Consider whether there is open conflict between individuals or subgroups within the family, an atmosphere of tension, a sense of withdrawal or isolation of the members from each other, or whether there seems to be easy give-and-take, a feeling of warmth and cohesiveness.

ANCHOR POINTS

6. Fair = Little open conflict but considerable tension or lack of ease among family members. Some warmth and affection among members, but little perception of individual needs. Difficulty in dealing with differences.

9. Good = Some feeling of cohesiveness. Generally positive feelings toward one another and some perception of individual needs. Relatively free communication. Differences usually handled without destructive conflict.

Part A. IV. Family Functioning (contd.)

2. Quality of marriage -- Consider the interaction of the marital partners and the degree to which they achieve a positive mutually satisfying balance.

ANCHOR POINTS

1. Very poor = Severe, persistent conflict, repeated desertion, physical and verbal abuse, promiscuity.

3. Poor = Little awareness of or respect for each other's needs and wishes. Lack of affection. Divergence of basic values and goals. Little or no effective communication. Frequent unresolved disagreement, with occasional serious conflict. Sporadic infidelity. Little or no sharing of family responsibility or joint participation in other activities.

6. Fair = Lack of consistent awareness of each other's needs and wishes. Some feelings of affection. Agreement on some but not all basic values and goals. Uneven communication, with some difficulty in handling disagreements amicably. Some sharing of family responsibility. Marital fidelity. Little joint participation in recreational activities.

9. Good = Respect for each other's needs and wishes but not in all areas. Feelings of affection. Agreement on basic values and goals. Disagreements usually resolved through discussion or handled without continued hostility. Complementation in family responsibilities even if distribution is uneven. Marital fidelity. Occasional joint participation in recreational activities, with some opportunity for pursuit of individual interests.

11. Very good = Mutual respect for each other's needs, wishes, interests and abilities; deep affection; marital fidelity; agreement on fundamental values and goals; disagreements only occasional and resolved through free and open verbal communication; appropriate sharing of family responsibilities; joint participation in some recreational activities; adequate individual pursuit of interests.

3. Degree of family organization -- Does the family appear to operate as an orderly functional unit or is it disorganized and erratic? Consider such elements as the stability of composition of the household, planfulness about household routines, feeling of collective responsibility.

ANCHOR POINTS

3. Poor = The family unit is unstable in composition so that its identity (i.e., its boundaries) is unclear. There is minimal feeling of collective responsibility; a general lack of planfulness and of orderly routines re household tasks and the activities of daily living; and a lack of awareness on the part of the members of each other's whereabouts. There may be an occasional display of organization but it is erratic and inconsistent.

6. Fair = The family unit is generally stable in composition so that its identity is clear. There is a moderate degree of collective

Part A. IV. Family Functioning (contd.)

responsibility and of planfulness and orderly routine re household tasks and daily activities, though the latter may be carried out inconsistently. In general, the whereabouts of the members is known to each other. The family organization may also be rated as fair if the family exhibits overly rigid adherence to plans and routines.

9. Good = The family unit is very stable in composition, with family boundaries well defined. There is a high degree of collective responsibility, a high degree of planfulness and established routines carried out with appropriate flexibility.

4. Appropriateness of division of labor within family -- Who does what as family members? Do the members have specific tasks? Are these appropriate to their age and ability?

5. Social desirability of family values and goals -- Are the predominant values and goals of the family (economic, cultural, ethical, educational, etc.) in line with the values of the larger community?

6. Degree to which family values and goals are shared -- Extent to which family members share a common value system and common aspirations, regardless of the social desirability of the values and goals.

7. Mutuality of activities and interests -- To what extent do family members do things together, such as working together on household tasks, celebrating holidays together, participating in social and recreational activities?

8. Effectiveness of communication within family -- Is there easy verbal and attitudinal communication, with sharing of problems and satisfactions and with disagreements handled through open discussion?

9. Degree to which family satisfies emotional needs of members -- How well does it meet the needs of the members for understanding, affection, a sense of belonging, a feeling of being cherished?

ANCHOR POINTS

3. Poor = Family members derive little sense of identity, of having their individual needs understood (e.g., in relation to sex, age, capabilities), little feeling of being loved and of having an appropriate place in the family unit. Limited satisfaction for individual members is erratic as it is related to sporadic moods of others and hence is conducive to emotional insecurity. There is an absence of warmth, sensitivity and meaningfulness in relationships.

6. Fair = Most members of the family derive at least a moderate sense of identity, understanding, love and belonging, but the availability of understanding and affection varies from time to time. Some may be more favored than others, and occasionally one member, frequently a child, may serve as a scapegoat for family problems and frustrations.

9. Good = Family members generally derive a strong sense of identity, of being understood and loved, and of having an appropriate place in the family unit. The family atmosphere usually encourages positive interaction as well as self-fulfillment.

Instructions
CMP II and CMP-RI

Part A. IV. Family Functioning (contd.)

10. Degree to which family meets needs of members for material security and physical care.

11. Degree to which family behavior conforms to community expectations -- Does the family conform to standards of behavior that are socially acceptable in the community, or is its behavior deviant or unacceptable?

12. Appropriateness of nature and amount of social activity.

13. Family's use of community resources and services -- Rate the family in its use of the 5 types of resources listed.

ANCHOR POINTS

1. Very poor = Family is overtly antagonistic to resource, its program and its goals; rejects services even when vitally needed; actively interferes with children's use of program and services.

3. Poor = Family sees little value in resource, its program and its goals; has little knowledge or interest in its services; does not participate voluntarily or encourage children's participation.

6. Fair = Family sees some value in resource; has some knowledge of and interest in its services; makes at least minimal use of services or participates at least minimally in its activities and offers some encouragement of children's use or participation.

9. Good = Family sees value in resource, its program and its goals; has considerable knowledge of it; participates in some activities and encourages children's participation, or uses services in a generally appropriate way.

11. Very good = Family strongly values resource; has good understanding of it; participates actively and encourages children's participation, or uses services very appropriately.

14. Family's ability to cope with stress -- On Scale A, rate the degree of success of the family in meeting stressful situations as opposed to its vulnerability in the face of stress.

15. Family's characteristic response to stress -- Stress in this context refers to crises that threaten family equilibrium, such as an accident, illness or death of a family member, loss of employment.

Consider whether such crises tend to draw the family together and prompt it to mobilize its resources to cope with the threat, or whether they tend rather to be divisive, aggravating internal family conflicts and leading the members to forsake the needs of the family as a group for their own individual needs.

16. Overall functional adequacy of family -- Taking into account all that you know about the family, what is your general assessment of its functioning as a family?

Instructions
CMP II and CMP-RI

Part A. V. Environmental Situation

A. Economic Circumstances

1. Adequacy of income -- The caseworker and research interviewer are each asked to rate adequacy of income on the basis of the "Guide for Determining Adequacy of Income" dated 3-24-65. (The Adequacy of Income rating at intake should be entered on page 3 of the Social Data Sheets, so that the same rating can be used on the Closing Schedule if the situation has not changed.)

ANCHOR POINTS

1. Very low = Below the level of living provided by Department of Welfare.

6. Modest = Barely adequate to cover the CSS budget below which no fee is charged.

11. Comfortable = Above the level of living provided by the Community Council Budget Standard.

2. Overall economic circumstances -- Give major weight to adequacy of income but take into account also the stability and management of family income in evaluating the overall economic status.

B. Housing

1. Adequacy of space and facilities -- Consider the age and sex of family members in evaluating the adequacy of space. A rough standard of minimal adequacy for number of rooms is one room per family member 12 years of age or over and one for every two children under 12 years, exclusive of kitchen and bath. Are there adequate facilities for bathing, cooking, refrigeration?

2. Freedom from hazards to health and safety -- Are stairs adequately lighted, the premises free of vermin, property in good condition?

3. Suitability of neighborhood for healthful living -- Is the neighborhood orderly, with adequate shopping facilities, play space, etc.? Or, at the other extreme, is it crowded, deteriorated, frequented by social deviates, unsafe to move about in?

4. Overall housing -- Considering the above three aspects of housing, rate the overall adequacy of the living situation.

C. Social Environment -- In evaluating the quality of the social environment, consider the attitudes of relatives, friends, and other associates toward the family. Consider also whether the standards and values of the individuals and groups of importance to the family are in accord with general community expectations.

Part A. V. Environmental Situation (contd.)

D. Effect of Environment on Family's Efforts at Problem Resolution

Considering the quality of the physical and social environment assessed above and its impact on the family, would you judge it to help or impede the family in its efforts to resolve the problem situation? If you judge it to be impeding or unfavorable, do you think it is susceptible to modification?

Part B. Problem Situation, Goals and Attitude toward Service

I. Problem Situation

A. Nature of Problem

Double check in each of the first two columns not more than two items that best describe the principal difficulties for which the wife and the husband state they wish help from CSS. Single check other problems explicitly mentioned by them.

In the third column, double check not more than two problems whose resolution appears to you to be of central importance. Single check other significant problems affecting the current social functioning of the family.

1. Marital relations -- Difficulty between husband and wife regardless of cause or locus.

2. Parent-child relations -- Difficulties between the husband or wife and one or more of their own children.

3. Other family relations -- Difficulties with family members, within or outside the household, other than husband, wife, or own children; e.g., with parents or siblings of husband or wife.

4. Social relations outside the family -- Difficulties of husband, wife or children in interpersonal relations outside the family, as with neighbors, employer, other associates.

5. School adjustment or achievement -- Academic, relationship or behavioral difficulties in school.

6. Physical illness or disability -- Acute or chronic ill health or disability, including persistent somatic symptoms of undetermined origin.

7. Emotional distress in self or other family member -- Such as depression, persistent anxiety, indecisiveness, etc. Check only if disabling symptoms are present, not on the basis that other problems in functioning are judged to have psychological roots.

8. Mental illness -- Psychosis (diagnosed or suspected) in any family member.

Part B. I.A. Nature of Problem (contd.)

9. Deviant behavior -- Refers to socially defined deviant behavior such as assaultive behavior, excessive drinking or gambling, promiscuity, persistent truancy from school, out-of-wedlock pregnancy, or other extreme acting-out behavior. (Mild forms of acting-out behavior will presumably be reflected in other problem categories.)

10. Employment -- Unemployment; underemployment; unsuitable, insecure, or unstable employment. (Do not check here difficulties in interpersonal relations on job unless one of the problems specified results.)

11. Financial need.

12. Financial management.

13. Housing.

14. Other -- Use only if none of the above categories is applicable.

X. Unknown.

Y. No problem recognized -- Check in case spouse who did not initiate the application denies the presence of any problem on which CSS help is sought. If this is checked, all further questions about the problem situation will be "not relevant" for this client.

C. Recency of Origin of Current Problem Situation

Our main concern is whether the problem situation is "recent" or "long standing." Within the latter, a differentiation is made among:

a. Recurrence of a long standing problem -- This implies that the problem has been "in remission";

b. Intensification -- Internal or external pressures have changed the intensity of the problem as perceived by the spouses or as evidenced in their functioning with respect to the problem. (The fact of application to CSS should not alone be interpreted by the caseworker/interviewer as evidence of intensification of the problem in the absence of other indications.);

c. No recent change in intensity -- No evidence of worsening or increase in severity of problem situation, other than the client's deciding or being urged to seek help with it. (Situations in which there appears to have been improvement or lessening in severity of a long standing problem situation prior to application should be checked here.)

Part B. I. Problem Situation (contd.)

D. Factor Precipitating Application to CSS

1. Suggestion or pressure from community -- Check here only if family did not seek help with the presenting problem at CSS or elsewhere until someone in the community suggested, urged or exerted pressure on the family to do so.

3. Change in relationships in primary family
4. Change in behavior or attitude of member of primary family

-- These two items have proved to be indistinguishable, and will be combined for purposes of analysis.

Part B. II. Goals and Motivation toward Them

In this section, indicate your impression of the goals of the husband and wife and their motivation for resolution of the problem situation, as suggested by their reaction to it.

D. Degree of Discomfort in the Problem Situation -- Consider not only what the husband or wife says but how he looks (calm, agitated, depressed) and how he acts (at ease, tense and restless, rapid speech, lethargic) as he discusses problem.

E. Reaction to Discomfort of Problem Situation

Try to identify the individual's predominant pattern of response, checking only one item unless there is such a mixture of responses that no predominant or characteristic pattern can be identified.

The first three categories imply no attempt to resolve the problem:

1. Runs away -- Denies problem, avoids it physically or psychologically;

2. Immobilized -- Overwhelmed, depressed, indecisive, ruminative;

3. Rebels, lashes out at people/circumstances -- Quarrels with, picks on, criticizes people; blames circumstances.

The fourth category, Attempts to cope with problem, implies conscious attempts to resolve the problem, that is, facing it and trying to do something about it, whether or not the efforts are appropriate.

F. Intensity of Desire to Resolve Problem -- Select a rating from Scale A to describe the intensity of the wife's and husband's desire to resolve the problem situation.

ANCHOR POINTS

1. Very low = Strong resistance to any alteration in the situation because of inherent satisfactions in it or intense fear that any modification will only make things worse.

11. Very high = The feeling that anything would be worthwhile that would ease the situation. No effort would be too great.

Part B. III. Attitude toward Service

C. Participation in Casework or Research Interview -- In judging the items in this section, the caseworker should consider the participation of each of the spouses with the caseworker in exploration of the problem situation and of avenues toward its resolution. The research interviewer should consider only the spouses' participation in the research interview, and not attempt to infer their participation in casework interviews.

D. Motivation for Use of Casework in Problem Solving -- Many of the questions in Part B of the schedule relate to motivation. On the basis of all you observe about the individual's understanding of his problem, his motivation to resolve it, and his attitude toward service, how strong do you judge his motivation to use casework service in resolution of the problem?

Please be sure to enter ratings for both husband and wife in the space provided. It is easy to forget these as boxes for these entries were inadvertently omitted from the schedule.

Part C. Client Opinion of Own and Family Functioning

Part C is not included in the Caseworker Intake Schedule, but only in the Initial Research Interview Schedule. It consists of questions to be put directly to the persons interviewed to elicit their own opinions about their satisfaction in certain major aspects of their life situations.

APPENDIX II

THE TREATMENT TYPOLOGY AND CODING PROCEDURES

Coding Guidelines, Rules and Conventions Adapted For Coding Directly From Tapes*

*Based upon the coding rules and conventions developed by Hollis for written material and modified only when necessary.

Guidelines for Coding with the Hollis' Classification

Via Direct Audio-Exposure

Since the Hollis' classification system was developed to be used primarily with written material adaptation of the system for the project required modifications for use with electrical tape recordings. The following represents procedures employed in the project.

1. The judge is to listen and code directly from the tape recorder. No written material is necessary.

2. In order to maximize efficiency the tape recorder should be equipped with a foot pedal allowing the judge to control the tape by foot.

3. While machines vary in the quality of the reproduction, to insure maximum quality, earphones should be used when coding.

4. When beginning set the tape recorder odometer at counter unit "0." Counter unit "0" should be synchronized with the first verbal statement of the interview. The first few words of the interview should be written on the first line of the code sheet,* and identified as counter unit "0."

5. The judge listens to that portion of a worker intervention necessary to arrive at a classification. The judge may re-listen to a statement as frequently as necessary in order to arrive at a classification. Project experience demonstrates that it is helpful to listen through a worker intervention without stopping, first, and then to go back to the beginning of the intervention and re-listen stopping after each clause to make the coding. Frequently it is necessary to repeat this procedure several times. On the other hand, many clauses can be coded without stopping the machine at all.

6. At the end of the tape the judge makes a notation on the last line of the code sheet indicating the counter unit where verbal exchange discontinues for the interview.

7. Codings are made on a code sheet composed of eleven columns (for each treatment category including the context categories) and thirty-six rows. Each intervention is coded on a single row. Each clause coded is indicated on that row by a check (✓) in

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*See Sample Code Sheet--Tape Coding.

the appropriate column cell corresponding to the treatment technique in that clause. As a result a row may have several checks (✓), one for each coding in that single intervention. As many code sheets as necessary are used for the interview (usually two to four).

8. Each intervention is recorded on the code sheet in reference to place on the tape by notation of the counter unit. The counter unit number at the beginning of the intervention and at the end of the intervention is noted and placed in the left-hand marginal of the code sheet on the appropriate row. If an intervention begins or ends exactly on the unit number this is noted; if the beginning or ending of an intervention is off the unit number this is designated on the code sheets as plus ("+") or ("-") the counter unit number. As a result of this notation each intervention can be located at any time (provided one uses the same tape recorder and the same sized tape spool). In addition notation of the counter unit provides a measure of the length of the intervention. (The time span of a counter unit varies with machines, size of tape reels, and amount of tape on the receiving spool; however, these can be standardized if a measure of time is desired.)

9. Following completion of coding each row and column is summed (checks "✓" summed). The total number of interventions (rows) and the total number of clauses (checks) is calculated.

10. Tape identifying information is placed in the upper left-hand box on the first page of the code sheet. This includes:

    a) case name

    b) case number

    c) case interview number

    d) client interview number (joint interviews count as one client and case interview).

    e) date

    f) time spent coding tape

    g) judge's name

11. Each tape code sheet series is numbered beginning with #1 for the first tape coded, #2 for the second tape coded, . . . #89 for the eighty-ninth tape coded, and so forth.

CODING RULES AND CONVENTIONS

A Guide for Coders to be Used in Conjunction With the Treatment Classification

General

Rule No.	
R Gen 1	The major categories represent the means (or dynamic) which the worker appears to be employing or invoking in treatment.
R Gen 2	The context categories represent the immediate objective toward which the worker intervention is directed.
R Gen 3	Worker-statements are referred to as "O-Type" interventions. Client statements are referred to as "X-Type" interventions.
R Gen 4	A worker intervention is defined as a verbal expression of the worker occurring between two client verbal statements.
R Gen 5	A single O-Type intervention may receive more than one coding.
R Gen 6	The coding-unit is each independent clause within the O-Type intervention.
R Gen 7	Each independent clause within an O-Type intervention receives a coding.
R Gen 8	The classification of an independent clause is determined by the subject and predicate of the clause.
R Gen 9	In those O-Type interventions where an independent clause cannot be identified the coding is given to the implicit independent clause.
R Gen 10	Judgment of the clause-unit is not necessarily based upon the actual verbal expression but rather upon the implicit clause. (This is especially true when worker characteristically uses atypical sentence construction.)
R Gen 11	A single independent clause may receive two codings in certain cases as specified below.

General--Continued

Rule No.

R Gen 12 Interventions such as "ya", "auh", "yes", "um", laughing, etc., are normally not coded nor considered as a communication unit except in cases where a dynamic can be identified (i.e., "ya", in response to an X-Type question; "auh", when judged to be said in such a way as to inform client that worker understands, etc.).

R Gen 13 When a clause has been coded in an intervention other incompleted but implicitly independent clauses are usually not coded unless the incomplete clause is judged as deserving of a coding.

R Gen 14 When a clause is repeated this receives another coding (i.e., "That is true, that is true.").

R Gen 15 In those cases where a worker-intervention is interrupted by a client-intervention and where the worker continues to persist with the original intervention in spite of the client-interruptions (i.e., not hesitating to allow client-expression) the two parts of the worker-intervention are considered as one intervention (this occurs especially in relation to worker-client verbal overlapping.

R Gen 16 An O-Type communication is considered a single intervention even when a long pause occurs between clauses (if an X-type communication is not present).

R Gen 17 Simple verbal expressions such as "ya, um, ah", etc., where a dynamic has not been identified (either X or O-Type) are not sufficient to act as a terminal point for a communication unit (unless a dynamic has been noted in the expression "ya", "um", etc.

R Gen 18 X-Type response does not have to be verbal to act as a terminal point for the O-Type intervention--it may be an implied non-verbal response (i.e., "Your boy is how old?--Oh, two, I see." This would be judged as two O-Type units).

R Gen 19 If an "O-Type" intervention cannot be understood it receives a U coding.

R Gen 20 In those cases where a dynamic cannot be identified in an O-Type intervention this unit receives a U coding.

General--Continued

Rule No.

R Gen 21 A clause is given a U-coding only if it is identified as an independent clause and yet cannot be identified as to dynamic and no other clause has been coded in the total communication unit.

R Gen 22 An O-Type intervention that is interrupted and, therefore, incomplete is given a U coding only if a dynamic cannot be identified.

R Gen 23 Code as U interventions that contain no classifiable content.

R Gen 24 It is unnecessary to code as a "U" unclassifiable material if one clause has already been coded in the intervention.

R Gen 25 Although codings are made in units of an independent clause, larger segments of the recording may need to be listened to in order to judge the classification of a single unit. This is especially true for the change context.

R Gen 26 Code as cc comments of routine type, such as conventional greetings, and endings, chit-chat about the weather, material concerning appointments and fees that do not seem to have unusual significance, comments indicating the end of the interview, etc.

R Gen 27 For notation of the counter-unit on the tape recorder the beginning and/or ending of an intervention is the terminal verbal utterance. (As a result if one were to sum the O-Type + X-Type communications for a total interview the resulting frequency would not equal the total counter units on the tape, due to pauses and spaces between O + X-Type communications.)

Specifics*

A

Rule No.	Code Designation	
RA 1	A	IN GENERAL, A IS USED TO DESIGNATE COMMUNICATIONS OF A SUSTAINING TYPE BASED ON WORKER FEELING OR OPINION RATHER THAN ON REFLECTIVE COMMUNICATION.
RA 2	A	THIS IS USED FOR CLAUSES WHICH CONSIST OF DIRECT INDICATIONS OF THE WORKER'S INTEREST IN THE CLIENT, UNDERSTANDING AND ACCEPTANCE OF HIM AND DESIRE TO HELP HIM.
RA 3	A	WORKER COMMENTS OF A DIRECTLY REASSURING NATURE CONCERNING CLIENT'S FEELINGS OR GUILT, SHAME OR ANXIETY ARE CODED IN THIS CATEGORY.
RA 4	A	WORKER COMMENTS OF A DIRECTLY ENCOURAGING OR APPRECIATIVE NATURE CONCERNING CLIENT'S QUALITIES, ABILITIES OR ACTIVITIES ARE CODED HERE.
RA 5	A	If there is clear evidence that a worker makes a telephone call as "a gift" to the client in circumstances under which client himself would usually be asked to make the call, this should be A. Similarly, when there is clear evidence that a worker offers extra appointment or unusually quick appointment because of client's extraordinary need, and this appears as a communication to the client this warrants A.
RA 6	A	Worker commendatory comments concerning client's treatment behavior belong here.

*Reference to "clause" in the following implies "independent clauses" or "simple sentences."

A--Continued

Rule No.	Code Designation	
RA 7	A vs C or CC	When worker communication about an appointment is A it is not also coded CC or C.
RA 8	A vs C	When client is in C and worker, in putting client's feelings into words, expresses himself in words that clearly convey sympathetic understanding or acceptance, this is A, even though it may serve to encourage more C.
RA 9	A vs D/E/F	However, if an inference or now labeling is involved so that the client is being led to new awareness, it is D, E, or F. See also RC 22.
RA 10	A vs Dc	A great deal of labeling involves "feeling with the client," but do not code this unless it is expressed in a clause of its own. Introductory words, such as "I can see" or "I can understand" that client would feel depressed, etc., may warrant A, in addition to Dc in the following clause, where the simple comment that the client seems to feel depressed or angry, if the context indicates that this is D rather than C, would be Dc.
RA 11	A vs D	Worker comments on client's behavior which give evaluative information, such as "this is a normal reaction" belong in D even though they are reassuring. The means is information.

B

Rule No.	Code Designation	
RB 1		IN GENERAL, B HAS A DIRECTIVE QUALITY PROMOTING OR DISCOURAGING CLIENT BEHAVIOR THROUGH DIRECT EXPRESSION OF THE WORKER'S OPINIONS OR ATTITUDES.
RB 2	B vs A	When worker agrees with client about the "rightness" or "advisability" of ongoing behavior in a way that encourages or discourages this behavior without basing this support on reasoning or information code B even though the fact of such agreement may be reassuring to the client. This reassurance is a by-product and is coded. If wording includes a specific reassuring separate clause this would be coded as a separate A communication.
RB 3	B vs A	On the other hand, worker sometimes gives a reassuring opinion concerning a completed action, which is in the nature of "approval-disapproval" even though it may have direct implications for an indefinite future act. "Directiveness" is secondary here. Hence, A is usually more appropriate than B.
RB 4	B vs D	Where worker definitely and specifically suggests that client should talk about something (rather than making it permissive) this is prescriptive and belongs in B.
RB 5	B vs C	Simple rules of treatment are usually in the nature of explanations and therefore belong in C rather than B.

C

Rule No.	Code Designation	
RC 1		IN GENERAL, C REFERS TO EXPLORATORY, DESCRIPTIVE AND VENTILATING COMMUNICATIONS.
RC 2	C vs D/F	It sometimes happens that it is extremely difficult to decide whether material belongs in C or D/F. If material seems to fall exactly in the middle between C and one of these two categories, continue the item in the category which you have used for the preceding item. However, note that this is only when rater is completely undecided despite making use of all other rules for deciding between the types.
		Decisions Between C and D, E or F
RC 3	C vs D/E/F	Do not shift from C to D, E, or F or vice-versa for a single line in the midst of a block of one type of material unless there is very strong reason for this, i.e., if material is borderline, do not shift.
RC 4		A worker's comment of an exploratory nature which may or may not, depending on the nature of the client's answer, lead to D/E/F material, may be a preliminary "gambit" to D but should be rated C unless there is clear evidence from the context that the question could be expected to elicit a D response.
RC 5		If you cannot find a "change" objective, material is probably C.
RC 6		Consider whether thinking about is related to "problem solving." The less the evidence for such a relationship, the more likely it is that the material is C. Content not related to consideration of core problems and their ramifications is usually C.

C--Continued

Rule No.	Code Designation	
RC 7		The fact that a client has found it hard to talk about certain material is not in itself sufficient reason to place it in D, E, or F.
RC 8		It is important to watch for the point where even core material becomes anecdotal and ventilative in support of something arrived at in D. Material of this sort, which is not intrinsically D and continues after a few lines, is likely to be C.
RC 9		If client material is in D, E or F and a complaint element enters, this is not in itself sufficient to shift to C if other criteria for D are met. If complaint becomes anecdotal, however, go to C.
RC 10		Rejection of an interpretation is not in itself enough to warrant C. If subsequent content is not pertinent to the interpretation and also not D, E, or F in its own right, it would be C.
RC 11		Client's disagreement with a worker communication is not sufficient cause for shifting from D, E or F to C. If you judge client is "grappling" with the interpretation even negatively, i.e., thinking about it, reflecting on it even in disagreement, it continues to be D, E or F. On the other hand, an escape to another subject or even trivial, non-reflective material on the same subject would require a shift to C.
RC 12		The first sentence of a client response to a worker D, E or F comment is coded D, E or F unless there is clear evidence that client is not even responding in terms of the worker's comment.
RC 13		The client's report of previous thinking, unless imbedded in a block of D material, is probably C.

C--Continued

Rule No.	Code Designation	
RC 14		Ventilation is more spontaneous and less solicited than D. D or F material has ventilation in addition to its other characteristics. When this is so it is harder to come by and probably comes only in response to worker communication. It should not be double coded but should be regarded as D or F.
RC 15		Reports of thinking of D, E or F type between interviews, especially if client relates it to previous interviews would probably be D, E or F.
RC 16		Communications about reasons or causes often are D, E ro F rather than C and especially so if they involve key material and are not simply a report of previously arrived at opinion.
RC 17		Client requests for simple clarification of worker's request or comment remains in whatever classification worker's original comment was coded.
RC 18		Worker use of the word "why" is often, though not always, a cue to D, E or F rather than C, material.
RC 19		Where worker's statement involves an inference, it is more likely to be D, E or F than C.
RC 20		Worker's placing of emphasis such as "I said I thought it was important for us to look at . . . ," is usually D, E or F rather than C.
RC 21		Worker D and F often has more challenge in it than C or introduces more that is new than C.

Decisions Involving C vs A, D or F

Rule No.	Code Designation	
RC 22	C vs A or D/F	Worker's non-commital, neutral, marking-time types of comments are usually C (think of treading water). This may involve reflecting back, "echoing", or brief summarization, where this does not either carry enough sense of understanding, sympathy or acceptance to warrant A, not add to the client's understanding or invite reflection as in D. If, on the other hand, the worker's coding constitutes a new "labeling" which could involve "ego expansion" for the client, this would become D or F. Illustrations C: "echoing". "Yes it was irritating" or "Yes I can see you were jealous" (after client has described his reaction in these terms). A: "sympathy or acceptance". "Yes I know how irritating something like that can be" or "You could hardly help but feel hurt by that" or "It's no wonder you were angry." D or F: "labeling". "I think you were really very angry weren't you" when client gives evidence of anger without recognizing it. Or "I wonder if you weren't a bit envious" or "I think you felt very hurt by it" under similar circumstances.
RC 23	C vs F	Be careful not to put exploratory material into F just because it is important material or because it helps the caseworker to understand. Unless past material meets the criteria set up for F it should remain in C.

D and F--Continued

Rule No.	Code Designation	
RFD 1	DF	D AND F REFER TO SIMILAR COMMUNICATIONS, THAT IS, TO THOSE INVOLVING REFLECTION OR THE WORKER'S ENCOURAGEMENT OF REFLECTION CONCERNING THE NATURE OF THE PERSON OR HIS SITUATION OR THE INTERACTIONS BETWEEN THESE TWO COMPONENTS. THESE INVOLVE "EGO-EXPANDING" TYPES OF CONTENT IN THAT IF IT IS SUCCESSFUL THE EGO WILL, BECAUSE OF GREATER KNOWLEDGE OR AWARENESS, HAVE GREATER MASTERY OF EITHER OR BOTH SELF AND SITUATION.
RFD 2	DF	D refers primarily to current material but includes all adult content. F refers to pre-adult content, the formative years. We have arbitrarily defined adulthood as beginning at the completion of the eighteenth year, the completion of high school, or the date of marriage, whichever has occurred first in the client's life. (The classification has not yet been used in work with children. This distinction obviously would not hold. Modifications in definition might need to be made even with very young adults.)
RDF 3	D vs F	Reflecting upon the early history of another person--as a wife telling about her husband's childhood, is D rather than F.
RDF 4	F vs D or C	Material from the client's past which is used simply by way of contrast with the life of another--usually child or spouse--is not F, but either D or C depending on whether or not it is reflective.
RFD 5	F vs C	Much past history is used to explain current functioning. If this is simply explanation or ventilation it is C even though it may help the worker to understand. It is coded F only when it involves reflection on the client's part--a "re-thinking" rather than just "talking about."

D and F--Continued

Rule No.	Code Designation	
RFD 6	F vs D	If in doubt as to whether reflective content refers to childhood or later, use D.
RFD 7	F vs D	If a reflective clause refers simultaneously to past and present code F only if reference is to the early period as formative or causative. If in doubt, use D.
RDF 8		The bringing to expression of feelings, attitudes and beliefs, etc., which previously have not been verbally recognized or have been incorrectly perceived belongs in D or F because it does result in greater awareness of these things in the ego. Hence, this is a way of increasing the ego's knowledge and therefore understanding of these things. This usually occurs in the midst of other D or F material or following other client or worker D or F.
RDF 9		When client begins to contemplate or pose alternatives, D is indicated, except where this appears to be more rumination over ambivalence than true reflection. This often occurs with psychotics and borderline psychotics and also with obsessives.
RDF 10		Pertinent content substantiating an interpretation is D or F.
RDF 11		Worker reinforcement of a client D or F comment is also D or F.
RDF 12		Client's statement of agreement with idea that caseworker has been sponsoring would also be D or F.
RDF 13		If following agreement such as above, client then goes on to elaborate on how he is going to implement the idea discussed; this would also be D or F.

D and F--Continued

Rule No.	Code Designation	
RDF 14		D and F have an element of "taking a new look."
RDF 15		D tends to have a problem-solving quality.
RDF 16		If caseworker is suggesting interpretation of behavior different from client's interpretation, use F or F.
RDF 17		Client's summarizing of own reflective material during interview is D or F.
RDF 18		General comments by the worker which summarize, recapitulate, or conceptualize are D or F. This may serve as reinforcement.
RDF 19		Ventilation occurring in midst of D or F or directly after D should be coded D or F only if judge thinks it is expanding ego's awareness, i.e., client is now "cognizant" of something of his own feeling of which previously he was not so fully aware.
RDF 20		A client's report of his thinking is often in the nature of an opinion, i.e., he is talking about previous thinking and reasoning, rather than reflecting anew. This is particularly true in early interviews and in "history taking." Such Content belongs in C.
RDF 21	D	Communications concerning the "nature" of treatment are coded here (Du context).
RDF 22		Occasionally a worker communication is clearly attempting to promote reflection but is so indefinite that it could equally well lead to D, E or F. If this follows a unit coded in one of the reflective categories, use that category. If previous unit is not reflective, code D.

E

Rule No.	Code Designation	
RE 1		E TYPE COMMUNICATIONS HAVE TO DO WITH THE CLIENT'S PERSONALITY PER SE, ITS CHARACTERISTICS, GENERALIZED BEHAVIOR PATTERNS AND RESPONSE PATTERNS, AND EGO DEFENSE MECHANISMS.
RE 2		More often than not E communications refer to maladaptive patterned behavior or characteristics.
RE 3		Discussion of psychological maneuvering which are part of a regular pattern belong here. E.g., worker says in reference to client's behavior "people who are unsure of themselves sometimes stir up arguments as a means of getting reassurance through reconciliation after an argument."
RE 4		The relationship between a general behavior pattern or characteristic and a specific piece of behavior belongs in E. E.g., client says "maybe I got mad at him because I always expect other people to mistreat me."
RE 5	E vs D or C	Discussion of a dream would be E if the worker interprets the dream mechanism, or if E type material in the dream is brought into discussion. If dream mechanism is not interpreted and manifest content dealing only with interpersonal matters is discussed, it is not E. If the dream is simply reported on descriptively it is C.
RE 10	E vs D	E is not used for a simple statement of affective response such as client saying that "part of her enjoys being angry" or that "she has guilt feelings because she was pregnant prior to her marriage", or worker's pointing out that a person is depressed.

E--Continued

Rule No.	Code Designation	
RE 6	E vs D	Discussion of a libidinal drive such as feeling sexually stimulated "all the time" (as a character trait) would be E but discussion of a particular event of the sort would be D. If completely borderline follow rule of remaining in same category as immediately preceding material.
RE 8	E vs D	"He admits he is a very impatient person" said seriously as part of a reflective communication would be E but "he admits he should have more patience and tolerance with his wife" is interpersonal and specific and would be D--probably Dg.
RE 9	E vs D	Causation put in "structural" terms is E, as, when worker tells client that "it is her own strict conscience" that is making her so doubtful about herself.

RFD 7, 8, 9, 11, 13, 14, 15, 16, 17, 20, 21 -- also apply to E.

Change Context

a, b, c, d, g, u

Rule No.	Code Designation	
R CH 1		In general, in making decisions about the change context, it is best to listen to a number of sentences to get the general drift of the content. While context often shifts from clause to clause, at other times it remains constant over a series of clauses. In any case, it is well to look at the general pattern before deciding individual clauses.
R CH 2	a	THIS DESIGNATES REFLECTION WHICH MAY LEAD TO IMPROVED PERCEPTION OR UNDERSTANDING OF SITUATIONAL MATTERS, OF OTHER PEOPLE OR OF THE CLIENT'S HEALTH.
R CH 3	a	Clients' requests for information concerning resources and workers' purely informational replies to such requests belong in "a."
R CH 4	b	THIS DEALS WITH THE CLIENT'S BEHAVIOR IN TERMS OF ITS OUTCOME, ITS EFFECT ON OTHERS OR ON HIMSELF; RESULTS, CONSEQUENCES, PURPOSED EFFECT, ETC. DECISION-MAKING AND WEIGHING OF ALTERNATIVES BELONG HERE IF THEY ARE BEING CONSIDERED FROM THE VIEWPOINT OF THEIR OUTCOME.
R CH 5	b	When client questions whether he "causes the trouble" this would be "b."
R CH 6	a and b	These are often interwoven in successive lines where client alternates between thinking in terms of the effects of his own actions on another and about the other person's reactions per se and reasons for them. Very occasionally both "a" and "b" have to be used for the same communication as when a client in looking at the reaction of another, is trying to see whether this is a consequence of something he himself has done or is due to something he thinks may be within the other person. This would also apply to workers' questions of the latter type. In these instances the unit really expresses two ideas in one set of words.

Change Context--Continued

Rule No.	Code Designation	
R CH 7	c	THIS CATEGORY GOES BEYOND MAJOR C IN THAT IT INVOLVES THE CLIENT'S EFFORT TO SEE HIS BEHAVIOR MORE FULLY OR WITH GREATER REALITY THAN HE WOULD BE ABLE TO SEE IT WITHOUT REFLECTION OR WITHOUT THE WORKER'S ACTIVITY.
R CH 8	c	Calling attention to unwise or maladaptive behavior belongs here.
R CH 9	c	Labeling falls in this category.
R CH 10	c	Interpretations concerning the true nature of the client's behavior belong here.
R CH 11	d	THIS CATEGORY REFERS TO CAUSATIVE ASPECTS OF THE CLIENT'S BEHAVIOR WHEN THESE LIE IN THE INTERACTIONS BETWEEN HIM AND OTHERS, HIS RESPONSE TO PROVOCATIONS, HIS REASONS FOR DOING SOMETHING WHEN THESE LIE EITHER IN "THE OUTER" OR IN HIS OWN FEELING ABOUT "THE OUTER."
R CH 12	b, c or d	The word "why" is used in several senses. Often it is an enquiry into causation, i.e., equivalent to "what made you do this?" This would be coded "d." At other times it is an inquiry into purpose, i.e., equivalent to "for what purpose or with what expectation did you do this?" This would be coded "b." Sometimes it is an effort to understand the person's thinking or reasoning, i.e., the equivalent of "what makes you think this?" In this instance the coding would be "c." If in doubt as to which is meant, use "c."
R CH 13	b and d	Occasionally a line refers simultaneously to a cause of trouble in a way that refers both to causation on the client and effect upon someone else. For instance, "do you think the difference in your ages is causing difficulty?" This would need to be coded both b and d. Here as in R CH 6 the same clause is expressing two ideas.

Change Context--Continued

Rule No.	Code Designation	
R CH 14	g	THIS CATEGORY IS USED TO DESIGNATE REFERENCES OF AN EVALUATIVE NATURE ABOUT THE CLIENT'S OWN BEHAVIOR. THIS MAY BE IN THE SUPEREGO SENSE OF RIGHT OR WRONG, IN THE SENSE OF EVALUATIVE COMMENTS ABOUT THE SELF IMAGE, DISCUSSION OF PRINCIPLES, VALUES, PREFERENCES EXPRESSED IN TERMS OF RELATIVE IMPORTANCE OR VALUE. NORMATIVE COMMENTS BY THE WORKER USUALLY BELONG HERE.
R CH 15	g	Such words or expressions as "wrong," "should have," "ought to have," "admit," "at fault," etc., are often signals of "g" context.
R CH 16	g	Decision making which is not based on consequences but rather on values and superego or ego ideal considerations belong in g.
R CH 17	u	This category refers to worker comments of "D" nature that refer to or are in the context of the worker-client relationship or treatment considerations.
R CH 18		A recurring difficulty is that of knowing when to shift context when a clause seems to be a sub-segment of an overall context. If it has value in its own right, do give separate context. If sub-segment is only means to overall end, by which it is overshadowed, do not give separate context.

FIGURE 2.

Sample Coding Sheet for the Treatment Typology

Series Number

Page

case Name
case Number
INTERview Number: case/a Light
Coder; Date; Time
Stop—odometer— to

		A	B	C	aa	Da	Db	Dc	Dd	Dg	Du	E	F	U	TOTALS
2	4+			✓											1
8—	10—			✓	✓										2
20+	26+	✓		✓✓											3
35—	35					✓									1

et cetera

TOTALS

TOTAL Clauses ___
TOTAL INTERventions ___

APPENDIX III

THE MODIFYING AND SUPPORTIVE METHODS OF CASEWORK: TREATMENT TECHNIQUES DEFINED

DEFINITIONS OF THE TREATMENT TECHNIQUES ASSOCIATED WITH THE MODIFYING AND SUPPORTIVE CASEWORK METHODS[1]

A) The Supportive Method:

1. Reassurance

This technique gives expressed recognition and approval to the client's capacities, achievements, needs and feelings. It services to strengthen the client's functioning when the technique is used realistically. It becomes a dynamic force when in actuality the client's reactions are sound, socially acceptable, and useful, but he is doubtful of his capacities, his decisions, the rightness of or justification for his feelings, and so on.

2. Giving Information

This technique supplies lacks in information when the client's need for it is apparent and his positive response to it will help him take constructive action. In this sense, it is strengthening and helpful in leading toward achievement of his goals.

3. Logical Discussion

This technique employs the client's ability to reason, assists him to perceive and appraise reality, to see alternatives, and to anticipate consequences. Logical discussion helps the client to reach his decisions and determine his actions whenever his judgment is temporarily impaired. It assists him to improve his functioning, because it appeals to his capacity for rational behavior.

4. Demonstrating Behavior

Behavior in this context refers to all ways of responding--ideational, emotional, attitudinal, and physical. In instances when the client cannot create his own way of doing something, but recognizes the need for help and is ready to use it, the caseworker affords the strength of his ego to the client by

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[1]These definitions are quoted from: Method and Process In Social Casework, op. cit., pp. 16-22.

showing him a way to achieve his purpose. The client may then respond by reproducing the caseworker's behavior in an imitative way. Some clients will, in time, assimilate the underlying meaning of the behavior and, by a psychic process of identification, create their own way of behaving.

5. Advice and Guidance

The caseworker uses his professional knowledge and authority to express opinions and make recommendations for the guidance of the client's decisions and behavior. This technique is used when the client needs direction or permission to act either because of ignorance or because he is inhibited by fear, anxiety, or other restricting emotions from taking constructive action. This technique is appropriate at a time when the client is unable to find his own solution and when his need and motivation enable him to use direction or permission as a means toward achieving a socially acceptable goal.

6. Setting Realistic Limits

When the client's capacity to restrain and prohibit behavior that is dangerous to himself and others is seriously impaired, the caseworker affords the strength of his own ego by setting limits to the client's behavior. In essence, this technique strengthens the client's ineffective superego structure. It does so by offering an image of more acceptable behavior and simultaneously aiding the suppression of unacceptable impulses and desires.

7. Ventilation

By ventilation is meant the caseworker's eliciting the client's expression of emotion attached to persons and situations in his past and current experiences. This technique is employed by the caseworker when the client needs to release energy bound by unexpressed emotion. The released energy then becomes available for use in achieving more effective social functioning. The emotions he is helped to express are conscious and preconscious. The client is encouraged, at any given time, the kind and amount of emotion which he can tolerate without excessive anxiety and which he senses or understands to be related to the problem he is trying to solve.

8. Direct Intervention

By direct intervention is meant the caseworker's action undertaken to achieve changes in the client's reality situation. This technique is used for the purpose of enriching the environment or reducing or eliminating avoidable and unnecessary external stresses. As a result, the client has greater opportunity and more energy available for productive living. The change in circumstances may be an end in itself or a means through which released energy is used by the client to find solutions to other problems of functioning.

9. Utilization of Habitual Patterns of Behavior

This technique represents the caseworker's conscious and deliberate efforts to assist the client to effect improvement in social functioning through improved use of selected established patterns of response. In this way the client is helped to direct his energy more constructively, so that the outward form of his behavior is modified, although by intent his internal processes are not modified. Some internal changes may occur as contingent gain.

10. Confrontation

This technique consists of points out stereotyped or patterned episodes in the client's behavior, attitudes, or feelings which he needs to become aware of, and can tolerate awareness of, in order to improve his functioning. The caseworker's use of this technique strengthens the client's perception of himself and his relation to persons and situations. This amount of self-awareness, by enabling the client to sense and appraise himself more accurately, facilitates achievement of his goals.

B) The Modifying Method:

All of the techniques of the Supportive Method are used in the Modifying Method of Social Casework. In addition the technique of Clarification is used. Clarification is seen as the "predominant" technique in the Modifying Treatment Method. The technique of clarification is used to modify behavior and attitudes by consistently increasing the client's awareness and understanding of the use, meaning, and effect of disabling patterns of response, eventually including the pathological use of a defense mechanism. Use of clarification requires several steps, the first of which precedes the others. The second, third and fourth steps are usually interwoven.

1. Helping the client bring together incidents in his attitudinal responses and episodes in his behavior in such a way as to enable him to see the stereotyped themes or patterns they follow. When the client's self-awareness is in its beginning stages or at any given point is not sufficient for him to see these patterns himself, the caseworker takes major responsibility for pointing them out. This activity on the part of the caseworker is often referred to as confrontation. This step increases the client's sense of reality in regard to his self-image and his relation to the outside world. When he becomes aware of these patterns and of their interference with functioning, he has increased stimulus for change and a conscious specific goal.

2. Enabling the client to see and understand the conscious and preconscious dissatisfactions and gratifications in his responses to selected aspects of his life's situation. Primarily, this activity enables the client to understand the meaning of his disabling patterns of response. This understanding mobilizes the client's capacity to separate subjective from objective experience, further increases his sense of reality, initiates a connection between his intellectual awareness and emotional experience, and increases his motivation for change.

3. Encouraging the client to recognize the connection between incidents in his remembered past and his current attitudes and behavior, and the inappropriate influence of the past on the present. Thus the impact of the past on his current functioning can be reduced. This activity is consistently repeated, so that it gradually enables the client to bring under realistic conscious control the influence of those subjective experiences that are causal to his disabling patterns of response. The client gradually assesses and responds to his current life experience more realistically and appropriately. His disabling behavior and attitudes become more understandable to him, reducing to manageable proportions the anxiety and guilt that are manifestations of neurotic conflict. Thus the ego is strengthened because the superego becomes less severe and the conflict between the id and ego is reduced although it is not resolved.

   As he has less need to respond inappropriately to his current life experience, the pathological use of the defense mechanisms that gave rise to his stereotyped disabling behavior gives way to more benign use. In other words, the mechanism that was primarily a repetitively used protective device becomes gradually more flexible and an instrument of adaptation to new situations. Ultimately, then, the client's ego-integrative adequacy is enhanced. More energy is available to him for continued self-scrutiny, self-understanding, and modification of disabling behavior and attitudes.

4. Helping the client utilize his acquired understanding to anticipate and control disabling responses to his current and predictable future life situation. The client's experience of examining and assimilating the connections between cause and effect, between past and present, between present and future acts and their consequences, strengthens the ego's adequacy for perception and judgment of himself, others, and his situation. The ability to translate and transfer feeling experiences into words, thus making them accessible to intellectual understanding and control, enhances the thinking and communicating process, and enables the ego to anticipate and make rational, discriminating, socially constructive decisions, rather than being driven by irrational destructive impulses. The client must live through this experience repeatedly with the caseworker before one can safely assume that integration has taken place.

APPENDIX IV

DATA PREPARATIONS: CODING INSTRUCTIONS AND CODE SHEET

CODING INSTRUCTIONS

Item to be Coded	Column Number	Code	Information to be Coded
Note the project number is 3 column code (col. 1-3). The first number of which identifies the case-worker. (Thus a project no. of 3 digits such as 312 appearing on a schedule will be coded "312.")			
Project Number			
Caseworker	(1)	1	100
		2	200
		4	400
		5	500
		7	700
		8	800
Case Sequence Number	(2,3)	-	Enter second and third digits of project number on schedule.
Method Prescription			
Letter next to project number. (Taken from confidential list.)	(4)	1	"C" or "D"--Supportive Method
		2	"G" or "H"--Modifying Method
Case Interview			
Taken from interview list. Designates Temporal Relationship of coded interview to the other interviews from the same case selected for project. The number of interviews selected ranged from 1 to 6 for any one case. (A higher code number indicates that this interview	(5)	1	First case interview
		2	Second " "
		3	Third " "
		4	Fourth " "
		5	Fifth " "
		6	Sixth " "

Item to be Coded	Column Number	Code	Information to be Coded
occurred at a later time than an interview receiving a lower code no. However, it does not indicate how much later.) (See column (39) and (40)).			
Note: Proportional use of each procedure is taken from the Procedure Data Sheet. Each procedure is coded as a 3 column number. The proportional use of each procedure will be coded to 3 decimal places. Columns (6) through (38) reserved for procedures.			
Procedure "A"	(6,7,8)		Coding Instructions for All Procedures
		0	Proportional use of Treatment
		1	Procedures to 3 decimal places.
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
Procedure "B"	(9,10,11)		Same as for "A"
Procedure "C"	(12,13,14)		Same as for "A"
Procedure "Da"	(15,16,17)		Same as for "A"

Item to be Coded	Column Number	Code	Information to be Coded
Procedure "Db"	(18,19,20)		Same as for "A"
Procedure "Dc"	(21,22,23)		
Procedure "Dd"	(24,25,26)		
Procedure "Dg"	(27,28,29)		
Procedure "Du"	(30,31,32)		
Procedure "E"	(33,34,35)		
Procedure "F"	(36,37,38)		
Note: Taken from Interview List			
Client	(39)	1	Wife
		2	Husband
Case Interview	(40)	1	Interview is drawn from case interviews 1 through 4.
		2	Interview is drawn from case interviews 5 through 9.
		3	Interview is drawn from case interviews 10 through 14.
		4	Interview is drawn from case interviews 15 through 19.
		5	Interview is drawn from case interviews 20 through 29.
		6	Interview is drawn from case interviews 30 through 39.

Item to be Coded	Column Number	Code	Information to be Coded
Client Interview (Treatment Phase)	(41)	1	Interview is drawn from client interviews 1 through 4.
		2	Interview is drawn from client interviews 5 through 9.
		3	Interview is drawn from client interviews 10 through 14.
Note: Information from col. (42) and (43) is obtained from the Social Data Sheets on CMP-II.			
Ethnic Origin	(42)	1	Negro, non-P.R.
		2	White, non-P.R.
		3	Puerto Rican
		4	Other
		8	x-Unknown
		9	Not Given (blank)
Socio-Economic Status (Based on Hollingshead's Two-Factor Socio-Economic Position Method). (Modified as follows: Score developed for each spouse based upon that spouse's education and occupation. If a wife is unemployed take husband's occupation and wife's education as base.)	(43)	1	Score .11 to .19
		2	" .20 to .29
		3	" .30 to .39
		4	" .40 to .49
		5	" .50 to .59
		6	" .60 to .69
		7	" .70 to .77

Part A. Schedule CMP-II Family (Individual) Functioning and Environmental Situation			Special Instructions for Coding Scale A
I. Social Functioning of Husband (or wife).	(44)	0	Rating 1 or 2 (very poor)
		1	" 3
		2	" 4
[Note: This rating is arrived at by calculating the mean of the 3 ratings:		3	" 5
		4	" 6

Item to be Coded	Column Number	Code	Information to be Coded
CMP-II, Part A, IA 4a, IB 1d, and IB 2e (pp. A1, A2). If any of these ratings are scored y eliminate that rating in figuring the $\bar{x}$. If any category receives an x (unknown) the $\bar{x}$ cannot be calculated, therefore, code 9.]		5	Rating 7
		6	" 8
		7	" 9
		8	" 10 or 11 (very good)
		9	" x or y
II. Psychological Functioning of Husband (or Wife). (PA3)	(45)	1	Defective
		2	Low average
		3	Average
		4	High average
B. General Intelligence (PA3)		5	Superior
		8	X-Unknown
E. Ego Functioning (PA3)			
1 Perception of Reality	(46)		Scale A
2 " " Self	(47)		" "
3 Appropriateness of Affect	(48)		" "
4 Frustration Tolerance	(49)		" "
5 Intellectual Functioning	(50)		" "
6 Quality of Object Relationships	(51)		" "
7 Functional Adequacy of Defenses	(52)		" "
8 Overall Ego-Functioning	(53)		" "
IV. Family Functioning (PA6)			
16. Overall Functional Adequacy of Family	(54)		Scale A

Item to be Coded	Column Number	Code	Information to be Coded
V. Environmental Situation (PA7)		1	Unfavorable and unmodifiable
		2	Unfavorable and probably modifiable
D. 4. Effect of Environment on family's efforts at problem. Resolution-Overall Environment.	(55)	3	Neither notably unfavorable nor favorable
		4	Favorable
		8	Unknown
		9	Not relevant
VI. Overall Adjustive Status (PA8)	(56)		Scale A

Part B. Problem Situation, Goals and Attitude Toward Service

1. Problem Situation	(57)	0	1-Marital Relations
A. Nature of Problem (PB1) (As seen by caseworker)		1	2-Parent-child relations
		2	3-Other family relations
			4-Social relations outside of family
Note: Items receiving a double check only are coded. Items receiving a single check are not coded. This item may have one or two items receiving a double check. Two columns are therefore provided. If only one problem is indicated code in column (58) and code in column (58) "9"-"none." If two problems are indicated, indicate both using columns (57) and (58). If a marital problem indicated code in column (57). If a parent-child problem but no marital problem code on column (57).		3	5-School adjustment or achievement
		4	7-Emotional distress in self or other family members
			8-Mental illness
			9-Deviant behavior
		5	6-Physical illness or disability
			10-Employment
			11-Financial need
			12-Financial management
			13-Housing
		6	14-Other
		7	14-X-Unknown
		8	14-Y-No problem recognized
		9	None

Item to be Coded	Column Number	Code	Information to be Coded
Nature of Problem	(58)		Same as for column (57).
B. Cause of Problem (PB2) (As seen by caseworker) Note: Items receiving a double check only are coded. Items receiving a single check are not coded. This item may have one or two items receiving a double check. Two columns are therefore provided. If only one problem is indicated code in column (59) and code column (60) "9"-"none." If two problems are indicated, indicate both using column (59) and (60).	(59)	1 2 3 4 5 6 8 9	1-Clients' own behavior and attitudes 2-Behavior and attitudes of spouse 3-Behavior and attitudes of children 4-Behavior and attitudes of other relatives 5-Behavior and attitudes of unrelated persons 6-Current social or economic conditions 7-Other X or Y-Unknown, not relevant, none recognized None
Cause of Problems	(60)		Same as Column (59)
C. Recency of Origin of Current Problem Situation (PB2). Caseworker's judgment only.	(61)	1 2 8	1-Recent--less than 6 months 2-Long standing--more than 6 months X-Unknown Y-Not relevant, no problem recognized
II. Goals and Motivation Toward Them A. Goal (PB3) Note: Code with equal value items double or single checked.	(62)	1 2 3 4 5 8 9	1-Change in own functioning or personality 2-Change in other family members 3-Change in environment or social situation 4-Specific assistance 5-Goal not clear X-Unknown Y-Not relevant

Item to be Coded	Column Number	Code	Information to be Coded
B. Appropriateness of Goal to Problem Resolution (PB3)	(63)	1	1-Highly inappropriate and probably unmodifiable
		2	2-Highly inappropriate and probably modifiable
		3	3-Moderately inappropriate and probably unmodifiable
		4	4-Moderately inappropriate and probably modifiable
		5	5-Moderately appropriate
		6	6-Highly appropriate
		8	X-Unknown
		9	Y-Not relevant
C. Hopefulness About Problem Resolution (PB4)	(64)	1	1-Little or no hope
		2	2-Moderate hope
		3	3-High hope
		8	X-Unknown
		9	Y-Not relevant
D. Degree of Discomfort in Problem Situation (PB4)	(65)	1	None
		2	Mild
		3	Moderate
		4	Severe
		8	X-Unknown
		9	Y-Not relevant
E. Reaction to Discomfort of Problem Situation (PB4)	(66)	1	Runs away from problem
		2	Immobilized
		3	Rebels, lashes out
		4	Attempts to cope with problem
		5	Other
		8	X-Unknown
		9	Y-Not relevant
F. Intensity of Desire to Resolve Problem (PB4)	(67)		Scale A

Item to be Coded	Column Number	Code	Information to be Coded
III. Attitude Toward Service		1	Strongly negative
		2	Moderately negative
A. Feeling toward caseworker (PB5)		3	Neither strongly negative nor positive
		4	Moderately positive
		5	Strongly positive
		8	X-Unknown
		9	Y-Not relevant
B. Attitude toward offer of service (PB5)	(69)	1	Very pessimistic about helpfulness
		2	Pessimistic, service probably not helpful
		3	Unsure whether service will be of help
		4	Optimistic, service probably helpful
		5	Very optimistic about helpfulness
		8	X-Unknown
		9	Y-Not relevant
C. Participation in Casework Interview (PB5) $\bar{x}$ of items III C 1,2,3,4,5	(70)		Scale A
D. Motivation for Use of Casework in Problem Solving (PB5)	(71)		Scale A
Probable Gross Clinical Diagnosis [Not coded]	(72)	1	Within normal range
		2	Deviating in direction of neurosis
Note: Taken from worker's judgment as coded on schedule CMP-II, or CMP-IV (if CMP-II not available) Casework Diagnostic Schedule-(P 1), Section B.		3	Deviating in direction of character disorder
		4	Deviating in direction of psychosis
		8	X-Unknown
		9	Not given

Item to be Coded	Column Number	Code	Information to be Coded
Activity Ratio*	(73)	0	.00 through .09
Note: Taken from Worker's Activity Data Sheet		1	.10 " .19
		2	.20 " .29
		3	.30 " .39
[Worker Activity Ratio:		4	.40 " .49
		5	.50 " .59
		6	.60 " .69
		7	.70 " .79
WAR = Total Worker Sentences / Total Odometer Units		8	.80 " .89
		9	.90 " .99
within odometer units 0 - 400]			
Thought Density Ratio*	(74)	0	1.00 through 1.17
Note: Taken from Worker's Activity Data Sheet		1	1.18 " 1.34
		2	1.35 " 1.51
		3	1.52 " 1.68
		4	1.69 " 1.85
		5	1.86 " 2.02
[TDR = Worker Sentences / Worker Interventions]		6	2.03 " 2.19
		7	2.20 " 2.36
		8	2.37 " 2.53
		9	2.54 " 2.72
Note: The following* data is taken from Schedule CMP-V, Part B, P 3. Worker has been instructed to indicate use of technique by a 1 or 2. For coding ignore the value difference and code each technique indicated.			
Reassurance Technique*	(75)	0	Not indicated
		1	Indicated

*Not discussed in data analysis.

Item to be Coded	Column Number	Code	Information to be Coded
Advice and Guidance* Technique	(76)	0	Not indicated
		1	Indicated
Clarification Technique*	(77)	0	Not indicated
		1	1 step indicated
		2	2 steps indicated
		3	3 steps indicated
		4	4 steps indicated

Column (78) through (80) to be left blank for possible later use.

*Not discussed in data analysis.

FIGURE 3.

Code Sheet for IBM Data Card

CSCR 10/21/66

STUDY: Case work Treatment Procedures As a Function of Selected Client-Situation Variables

SHEET NO:

COL.		E	D	O	C
1	Caseworker				
2	Case Sequence Number				
3					
4	Method-Prescription				
5	Case Interview[1]				
6	A				
7					
8					
9	B				
10					
11					
12	C				
13					
14					
15	Da				
16					
17	Db				
18					
19					
20	Dc				
21					
22					
23	Dd				
24					
25					
26	Dq				
27					
28					
29	Dv				
30					
31					
32	E				
33					
34					
35					
36	F				
37					
38					
39	Client [M or F]				
40	Case Interview[2]				

Casework Treatment Procedures Used - Hollis

COL.		E	D	O	C
41	Client Interview				
42	Ethnic Origin				
43	Socio-Economic Status				
44	Social Functioning				
45	General Intelligence				
46	Perception of Reality				
47	Perception of Self				
48	Appropriateness of Affect				
49	Frustration Tolerance				
50	Intellectual Funct.				
51	Quality of Object Rel.				
52	Funct. Adeq. of Defenses				
53	Overall Ego Function				
54	Family Functioning				
55	Effect of Envir./Prob. Res.				
56	Overall Adjustive Status				
57	[1] Nature of Problem				
58	[2] Nature of Problem				
59	[1] Cause of Problem				
60	[2] Cause of Problem				
61	Recency of Origin				
62	Goal				
63	Appropriateness of Goal				
64	Hopefulness/Problem				
65	Discomfort/Problem				
66	Reaction To Discomf.				
67	Desire To Resolve Prob.				
68	Feeling Toward Cl. Wk.				
69	Attitude/effort/Service				
70	Participation In Cl. I.				
71	Motivational/Prob.				
72	Gross Clinical Diagnosis				
73	Activity Ratio				
74	Thought Density Ratio				
75	Reassurance				
76	Advice & Guidance				
77	Clarification				
78					
79					
80					

Social Data Sheets

Psychosocial Diagnostic Variables

A. Individual Funct. & Environmt. Situation

Ego Functioning

B. Problem, Goals & Attitude Toward Service

Problem

Goals

Service

Worker Activity

Worker Report of C.S.S. Techniques

CODED BY: _____

CHECKED BY: _____

APPENDIX V

THE TREATMENT PROCEDURE INTERCORRELATIONS, MEANS AND STANDARD DEVIATIONS

TABLE 74.--Treatment Procedures: Intercorrelations Over 87 Interviews[f]

Treatment Procedures	Treatment Procedures										
	A	B	C	Da	Db	Dc	Dd	Dg	Du	E	F
A	1.000	.029	.040	-0.109	-0.194[a]	-0.068	-0.213[b]	-0.128	-0.092	0.034	0.271
B	.029	1.000	- .125	- .041	.065	- .036	- .183[a]	- .062	- .136	- .073	- .045
C	.040	- .125	1.000	- .432[e]	- .565[e]	- .516[e]	- .424[e]	- .231[b]	- .101	- .220[b]	- .168
Da	- .109	- .041	- .423[e]	1.000	.083	- .338[d]	- .097	- .017	- .126	- .180	- .155
Db	- .194[a]	.065	- .565[e]	.083	1.000	.255[b]	.232[b]	.247[b]	- .075	.133	- .145
Dc	- .068	- .036	- .516[e]	- .338[d]	.255[b]	1.000	.411[e]	.230[b]	.153	.279[d]	.065
Dd	- .213[b]	- .183[a]	- .424[e]	- .097	.232[b]	.411[e]	1.000	.201[a]	- .052	.166	.008
Dg	- .128	- .062	- .231[b]	- .017	.247[b]	.230[b]	.201[a]	1.000	- .092	- .001	- .104
Du	- .092	- .136	- .101[b]	- .126	- .075	.153	- .052	- .092	1.000	- .014	- .072
E	.034	- .073	- .220	- .180	.133	.279[d]	.166	- .001	- .014	1.000	.194[a]
F	.271[c]	- .045	- .168	- .155	- .145	.065	.008	- .104	- .072	.194[a]	1.000

[a] $p < .05$

[b] $p < .025$

[c] $p < .01$

[d] $p < .005$

[e] $p < .001$

[f] Pearson Product Moment Correlation Coefficient (one-tailed probabilities reported).

TABLE 75.--Treatment Procedures: Mean Proportions and Standard Deviations[a]

Procedure	Mean	Standard Deviation
A	0.0287	0.0276
B	0.0494	0.0473
C	0.4070	0.1917
Da	0.1984	0.1345
Db	0.0941	0.0694
Dc	0.0999	0.0910
Dd	0.0584	0.0521
Dg	0.0078	0.0144
Du	0.0354	0.0447
E	0.0059	0.0162
F	0.0145	0.0529

[a] N = 87 interviews exclusive of categories "cc" and "U"; based upon proportions as calculated for each interview.

APPENDIX VI

FREQUENCY DISTRIBUTION TABLES FOR THE 14 CLIENT VARIABLES ASSESSED ON THE A-SCALE

TABLE 76.--Social Functioning

Phase	Scale A Score[a]									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	0	2(6%)	7(20%)	12(34%)	5(14%)	6(17%)	2(6%)	0	34
II	0	0	2(7%)	8(27%)	10(33%)	4(13%)	5(17%)	0	0	29
III	0	0	2(9%)	6(27%)	7(32%)	4(18%)	3(14%)	0	0	22
Totals	0	0	6	21	29	13	14	2	0	85

[a] Clients coded x or y are not represented in the frequencies but are included in the percentages. This will be a consistent procedure for all of the subsequent tables.

TABLE 77.--Perception of Reality

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	3(9%)	3(9%)	9(26%)	7(20%)	4(11%)	6(17%)	3(9%)	0	35
II	0	4(13%)	3(10%)	8(27%)	7(23%)	3(10%)	4(13%)	1(3%)	0	30
III	0	1(5%)	2(9%)	7(32%)	7(32%)	2(9%)	2(9%)	1(5%)	0	22
Totals	0	8	8	24	21	9	12	5	0	87

TABLE 78.--Perception of Self

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	6(17%)	6(17%)	8(23%)	4(11%)	5(14%)	6(17%)	0	0	35
II	0	6(20%)	7(23%)	7(23%)	3(10%)	3(10%)	4(13%)	0	0	30
III	0	4(18%)	4(18%)	7(32%)	3(14%)	3(14%)	1(5%)	0	0	22
Totals	0	16	17	22	10	11	11	0	0	87

TABLE 79.--Appropriateness of Affect

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	5(14%)	4(11%)	6(17%)	8(23%)	6(17%)	5(14%)	1(3%)	0	35
II	0	5(17%)	4(13%)	6(20%)	6(20%)	6(20%)	3(10%)	0	0	30
III	0	3(14%)	4(18%)	5(23%)	4(18%)	5(23%)	1(5%)	0	0	22
Totals	0	13	12	17	18	17	9	1	0	87

TABLE 80.--Frustration Tolerance

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	4(11%)	7(20%)	5(14%)	9(26%)	1(3%)	3(9%)	5(14%)	1(3%)	35
II	0	5(17%)	6(20%)	5(17%)	6(20%)	1(3%)	2(7%)	5(17%)	0	30
III	0	3(14%)	6(27%)	3(14%)	4(18%)	1(5%)	2(9%)	3(14%)	0	22
Totals	0	12	19	13	19	3	7	13	1	87

TABLE 81.--Intellectual Functioning

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	1(3%)	4(11%)	3(9%)	5(14%)	4(11%)	7(20%)	10(29%)	1(3%)	35
II	0	1(3%)	5(17%)	3(10%)	5(17%)	3(10%)	6(20%)	7(23%)	0	30
III	0	0	3(14%)	3(14%)	4(18%)	3(14%)	6(27%)	3(14%)	0	22
Totals	0	2	12	9	14	10	19	20	1	87

TABLE 82.--Quality of Object Relationships

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	5(14%)	5(14%)	10(29%)	4(11%)	4(11%)	4(11%)	1(3%)	1(3%)	34
II	0	6(20%)	4(13%)	10(33%)	3(10%)	3(10%)	3(10%)	1(3%)	0	30
III	0	3(14%)	2(9%)	10(45%)	3(14%)	3(14%)	0	1(4%)	0	22
Totals	0	14	11	30	10	10	7	3	1	86

TABLE 83.--Functional Adequacy of Defenses

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	3(9%)	7(20%)	5(14%)	9(26%)	4(11%)	4(11%)	3(9%)	0	35
II	0	4(13%)	5(17%)	5(17%)	9(30%)	3(10%)	2(7%)	2(7%)	0	30
III	0	1(5%)	4(18%)	5(23%)	8(36%)	2(9%)	1(5%)	1(5%)	0	22
Totals	0	8	16	15	26	9	7	6	0	87

TABLE 84.--Overall Ego Functioning

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	2(6%)	5(14%)	6(17%)	10(29%)	5(14%)	5(14%)	2(6%)	0	35
II	0	3(10%)	5(17%)	5(17%)	9(30%)	4(13%)	3(10%)	1(3%)	0	30
III	0	0	5(23%)	4(18%)	8(36%)	3(14%)	1(5%)	1(5%)	0	22
Totals	0	5	15	15	27	12	9	4	0	87

TABLE 85.--Overall Functional Adequacy of Clients' Family

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	3(9%)	7(20%)	11(31%)	7(20%)	5(14%)	2(6%)	0	0	35
II	0	3(10%)	7(23%)	9(30%)	5(17%)	5(17%)	1(3%)	0	0	30
III	0	2(9%)	3(13%)	9(41%)	4(18%)	4(18%)	0	0	0	22
Totals	0	8	17	29	16	14	3	0	0	87

TABLE 86.--Overall Adjustive Status

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	0	6(17%)	7(20%)	11(31%)	5(14%)	3(9%)	2(6%)	0	34
II	0	0	7(23%)	7(23%)	8(26%)	5(17%)	2(7%)	1(3%)	0	30
III	0	0	4(18%)	5(23%)	8(36%)	2(9%)	2(9%)	1(5%)	0	22
Totals	0	0	17	19	27	12	7	4	0	86

TABLE 87.--Intensity of Clients' Desire to Resolve the Problem

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	1(3%)	1(3%)	1(3%)	3(9%)	8(23%)	5(14%)	6(17%)	4(11%)	3(9%)	32
II	1(3%)	1(3%)	2(7%)	2(7%)	7(23%)	4(13%)	6(20%)	2(7%)	2(7%)	27
III	0	0	0	2(9%)	7(32%)	4(18%)	4(18%)	1(5%)	1(5%)	19
Totals	2	2	3	7	22	13	16	7	6	78

TABLE 88.--Participation in the Casework Interview

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	0	1(3%)	0	7(20%)	7(20%)	12(34%)	4(11%)	4(11%)	0	35
II	0	1(3%)	0	8(27%)	6(20%)	8(27%)	4(13%)	3(10%)	0	30
III	0	0	0	6(27%)	5(23%)	7(32%)	3(14%)	1(5%)	0	22
Totals	0	2	0	21	18	27	11	8	0	87

TABLE 89.--Motivation for Use of Casework

Phase	Scale A Rating									Totals
	1-2	3	4	5	6	7	8	9	10-11	
I	1(3%)	0	1(3%)	4(11%)	9(26%)	9(26%)	7(20%)	3(9%)	1(3%)	35
II	1(3%)	0	2(7%)	4(13%)	7(23%)	8(27%)	6(20%)	2(7%)	0	30
III	0	0	0	4(18%)	7(32%)	5(23%)	6(27%)	0	0	22
Totals	2	0	3	12	23	22	19	5	1	87

APPENDIX VII

TABLES FOR THE ANALYSES OF VARIANCE SIGNIFICANT PHASE x CASEWORKER (B x C) AND PRESCRIPTION x PHASE x CASEWORKER (A x B x C) INTERACTION EFFECTS

Direct interpretation of the computed significance of the B x C and A x B x C interaction effects is prohibited by the presence of empty cells. Therefore, these effects are not discussed in the body of the study. However, the cell means are of interest and are presented for that reason.

TABLE 90.--B x C Interaction Effect on Procedure B: Means[a]

	B_1	B_2	B_3
C_1	.1027 (7)[b]	.0841 (6)	.1163 (6)
C_2	.0197 (9)	.0324 (9)	.0260 (7)
C_3	.0801 (5)	.0344 (5)	.0228 (5)
C_4	.0373 (3)	.0265 (2)	- (0)
C_5	.0622 (4)	.0470 (3)	.0530 (1)
C_6	.0122 (7)	.0576 (5)	.0480 (3)

[a] $p \leq .05$.

[b] Brackets refer to number of observations in a cell (number of interviews).

TABLE 91.--A x B x C Interaction Effect on Procedure B: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.0860 (4)	.0805 (4)	.1277 (4)	.1250 (3)	.0915 (2)	.0935 (2)
C_2	.0250 (4)	.0295 (5)	.0220 (3)	.0156 (5)	.0362 (4)	.0294 (4)
C_3	.1325 (2)	.0185 (2)	.0315 (2)	.0453 (3)	.0450 (3)	.0170 (3)
C_4	.0210 (2)	.0265 (2)	- (0)	.0700 (1)	- (0)	- (0)
C_5	.0930 (2)	.0325 (2)	.0530 (1)	.0315 (2)	.0760 (1)	- (0)
C_6	.0173 (3)	.0870 (1)	- (0)	.0070 (4)	.0282 (4)	.0480 (3)

[a] $p \leq .01$.

TABLE 92.--B x C Interaction Effect on Procedure C: Means[a]

	B_1	B_2	B_3
C_1	.3871 (7)	.3051 (6)	.2695 (6)
C_2	.5419 (9)	.3249 (9)	.4856 (7)
C_3	.4526 (5)	.3178 (5)	.3798 (5)
C_4	.6776 (3)	.7230 (2)	- (0)
C_5	.4805 (4)	.3800 (3)	.5170 (1)
C_6	.4838 (7)	.2473 (5)	.2043 (3)

[a] $p < .01$

TABLE 93.--A x B x C Interaction Effect on Technique C: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.4557 (4)	.2835 (4)	.1985 (4)	.2957 (3)	.3485 (2)	.4115 (2)
C_2	.5587 (4)	.3540 (5)	.5930 (3)	.5286 (5)	.2887 (4)	.4052 (4)
C_3	.6040 (2)	.2890 (2)	.4605 (2)	.3517 (3)	.3390 (3)	.3260 (3)
C_4	.6620 (2)	.7230 (2)	- (0)	.7091 (1)	- (0)	- (0)
C_5	.3120 (2)	.1975 (2)	.5170 (1)	.6490 (2)	.7450 (1)	- (0)
C_6	.5233 (3)	.3480 (1)	- (0)	.5442 (4)	.2222 (4)	.2043 (3)

[a] $p < .01$

TABLE 94.--B x C Interaction Effect on Procedure Da: Means[a]

	B_1	B_2	B_3
C_1	.1118 (7)	.2616 (6)	.2226 (6)
C_2	.2063 (9)	.2993 (9)	.1941 (7)
C_3	.1793 (5)	.2166 (5)	.1228 (5)
C_4	.1136 (3)	.1420 (2)	- (0)
C_5	.1875 (4)	.2050 (3)	.1630 (1)
C_6	.1246 (7)	.1516 (5)	.4223 (3)

[a] $p < .01$

TABLE 95.--A x B x C Interaction Effect on Procedure Da: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.1287 (4)	.2175 (4)	.2545 (4)	.0940 (3)	.3500 (2)	.1590 (2)
C_2	.2272 (4)	.3814 (5)	.1753 (3)	.1896 (5)	.1967 (4)	.2082 (4)
C_3	.0895 (2)	.1320 (2)	.1120 (2)	.2393 (3)	.2730 (3)	.1300 (3)
C_4	.1420 (2)	.1420 (2)	- (0)	.1570 (1)	- (0)	- (0)
C_5	.2205 (2)	.3045 (2)	.1630 (1)	.1545 (2)	.0060 (1)	- (0)
C_6	.1020 (3)	.1560 (1)	- (0)	.1417 (4)	.1505 (4)	.4223 (3)

[a] $p < .01$

TABLE 96.--B x C Interaction Effect on Procedure Db: Means[a]

	B_1	B_2	B_3
C_1	.1014 (7)	.0943 (6)	.1464 (6)
C_2	.0577 (9)	.0811 (9)	.0483 (7)
C_3	.1077 (5)	.0987 (5)	.1081 (5)
C_4	.0346 (3)	.0170 (2)	- (0)
C_5	.0907 (4)	.1973 (3)	.1100 (1)
C_6	.0808 (7)	.1500 (5)	.1183 (3)

[a] $p < .01$

TABLE 97.--A x B x C Interaction Effect on Procedure Db: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.0430 (4)	.0922 (4)	.1412 (4)	.1793 (3)	.0985 (2)	.1570 (2)
C_2	.0722 (4)	.0952 (5)	.0387 (3)	.0462 (5)	.0635 (4)	.0555 (4)
C_3	.0680 (2)	.1025 (2)	.0600 (2)	.1343 (3)	.0963 (3)	.1403 (3)
C_4	.0405 (2)	.0170 (2)	- (0)	.0230 (1)	- (0)	- (0)
C_5	.1355 (2)	.2640 (2)	.1100 (1)	.0460 (2)	.0640 (1)	- (0)
C_6	.0760 (3)	.1300 (1)	- (0)	.0845 (4)	.1550 (4)	.1183 (3)

[a] $p < .01$

TABLE 98.--A x B x C Interaction Effect on Procedure Dc: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.1415 (4)	.2037 (4)	.1232 (4)	.1480 (3)	.0260 (2)	.1190 (2)
C_2	.0075 (4)	.0266 (5)	.0263 (3)	.0522 (5)	.1050 (4)	.0827 (4)
C_3	.0595 (2)	.1770 (2)	.0925 (2)	.0810 (3)	.1073 (3)	.2227 (3)
C_4	.0585 (2)	.0370 (2)	- (0)	.0200 (1)	- (0)	- (0)
C_5	.0740 (2)	.0710 (2)	.0810 (1)	.0285 (2)	.0760 (1)	- (0)
C_6	.1123 (3)	.0610 (1)	- (0)	.1582 (4)	.2197 (4)	.1070 (3)

[a] $p < .05$

TABLE 99.--B x C Interaction Effect on Procedure Dd: Means[a]

	B_1	B_2	B_3
C_1	.0685 (7)	.0466 (6)	.0563 (6)
C_2	.0564 (9)	.0717 (9)	.0505 (7)
C_3	.0369 (5)	.0962 (5)	.1308 (5)
C_4	.0030 (3)	.0050 (2)	- (0)
C_5	.0592 (4)	.0775 (3)	.0480 (1)
C_6	.0272 (7)	.0737 (5)	.0457 (3)

[a] $p < .05$

TABLE 100.--A x B x C Interaction Effect on Procedure Du: Means[a]

	A_1			A_2		
	B_1	B_2	B_3	B_1	B_2	B_3
C_1	.0257 (4)	.0275 (4)	.0340 (4)	.0170 (3)	.0015 (2)	.0225 (2)
C_2	.0582 (4)	.0154 (5)	.0707 (3)	.0370 (5)	.0222 (4)	.0247 (4)
C_3	.0040 (2)	.0845 (2)	.0030 (2)	.0733 (3)	.0353 (3)	.0623 (3)
C_4	.0375 (2)	.0245 (2)	- (0)	.0470 (1)	- (0)	- (0)
C_5	.0185 (2)	.0095 (2)	.0000 (1)	.0060 (2)	.0000 (0)	- (0)
C_6	.1070 (3)	.1560 (1)	- (0)	.0440 (4)	.0272 (4)	.0147 (3)

[a] $p \leq .05$

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